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ABSTRACT

This publication is addressed to the thousands of alcoholism program directors in the country who head programs that vary widely in age, size, budget and philosophy, but which appear to have one thing in common: they do not utilize community volunteer services to the same degree that other such segments of the public health field do. The purpose of this "how-to-do-it" manual is to encourage alcoholism agencies to involve more volunteers from different segments of the community in their programs. Some of the topics discussed are: (1) what to look for in volunteers; (2) what volunteers can do; (3) finding and recruiting volunteers; (4) educating volunteers; and (5) training volunteer counselors. Also included are 18 forms helpful in incorporating volunteers into an alcohol program. These forms include job descriptions, an application form, an interview guide, and a sample volunteer-agency contract. (Author/HMV)

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volunteer services

a manual for alcoholism program directors

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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volunteer services manual

U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
Public Health Service
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FOREWORD

Volunteer service in the field of alcoholism has a long tradition, exemplified by the dedicated record of Alcoholics Anonymous. Mrs. Marty Mann, with the founding of the National Council on Alcoholism, took the lead in extending voluntary action to include the total community—alcoholics and nonalcoholics alike. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has expressed its support of the volunteer role in the alcoholism field by encouraging the Alcoholic Treatment Centers (ATCs) supported by NIAAA staffing grants to establish volunteer programs as part of the total agency program.

In spite of the history and official support of volunteer service, indications are that alcoholism agencies still use volunteers to a lesser extent than do other social service agencies. *Volunteer Services* encourages alcoholism program directors to involve more volunteers from all segments of their communities in service to alcoholic clients.

A comprehensive volunteer program contributes to alcoholism services by:

- improving both quality and quantity of services delivered to clients and their families;
- providing the agency with more and better informed community support; and
- increasing the opportunities for public education about alcohol and alcoholism.

Although a wide variety of excellent material on volunteers is available, this manual, *Volunteer Services*, is the only one specific to the alcoholism field and written in the language of the field.

Volunteer Services was prepared under the direction of the National Center for Alcohol Education (NCAE) by Gertrude L. Nilsson and Barbara J. Carroll. The National Center for Alcohol Education was created by NIAAA to develop model alcohol education programs to improve and expand treatment and prevention services to alcoholic people.

Gertrude L. Nilsson, a social worker, serves as a consultant to the Center. As executive director of the Mental Health Association of Maryland from 1949 through 1958, she had extensive experience with volunteers. The architect of Maryland's alcoholism program, she served for 11 years as program director of the State's Division of Alcoholism Control, retiring in August 1973. The Nilsson House, a halfway house in Baltimore, was named in her honor, and she is the proud owner of the NCA Bronze Key Award for which she was nominated by the Eastern Shore (Md.) Council on Alcoholism. She has drawn from a quarter-century of professional and personal experience in writing this manual.

Barbara J. Carroll, who contributed chapter 8, is a former NCAE staff member. She is familiar with the needs and treatment of alcoholic men and women from her experience as counselor with the Springfield State Hospital

Alcoholic Rehabilitation Unit and the Prince Georges County Health Department, both in Maryland.

No program director can utilize all the suggestions in the following pages. Each must weigh and measure them in relation to his own client or patient population and select those appropriate to his own agency or service. However, one need is common to *all* alcoholism programs—a corps of informed supporters and spokesmen representing the total community. That need can be met by a comprehensive volunteer program, as in no other way.

To those of you who are volunteers, and to you who direct and organize their energies, please accept my personal gratitude on behalf of a grateful Nation for your commitment and dedication to service for people in need—the alcoholic person.

Ernest P. Noble, Ph.D., M.D.
Director
National Institute on Alcohol Abuse
and Alcoholism

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INTRODUCTION

Volunteer Services is addressed to the thousands of alcoholism program directors in the country—alcoholic and nonalcoholic men and women, professionals with or without degrees—in a field of service still so new that it attracts the most dedicated leaders—pioneers and crusaders. They direct programs which vary widely in age, size, budget level, funding source, philosophy, and type of alcoholic population served.

The programs vary also in the nature of services to sick alcoholic people and to their respective communities: detoxification units, alcoholic rehabilitation units in general or specialized hospitals, private rehabilitation facilities, clinics, counseling services, traffic safety projects, court programs, industrial alcoholism programs, educational and prevention projects, and more.

There is evidence, discussed in chapter 1, that alcoholism agencies are using community volunteer services to a lesser degree than such other segments of the public health field as mental retardation and cancer. The purpose of this "how-to-do-it" manual is to encourage alcoholism agencies to involve in their programs more volunteers from different segments of their communities.

No program director can utilize all the suggestions in the following pages; each must weigh and measure them in relation to his own client or patient population and select those that are appropriate to his own agency or service. However, one need is common to *all* alcoholism programs—a corps of informed supporters and spokesmen representing the total community. That need can be met by a comprehensive volunteer program, as in no other way.

Although a wide variety of excellent material on volunteers is available, much of it listed in the References and in appendix I, the present manual is the only one specific to the alcoholism field and written in the language of the field.

Why Volunteer Services?

A comprehensive volunteer program has potential value to those concerned about sick alcoholic people and their families and about eventual prevention and control of alcoholism by

- expanding the quantity, improving the quality, and adding to the variety of services to alcoholic clients and their families;
- developing an informed and willing corps of advocates to speak out for the needs of alcoholic people and the agencies serving them;
- providing recovering alcoholic clients with opportunities to rub shoulders with a wide variety of community representatives, thereby easing their way back into the mainstream of local life;
- opening doors to new audiences for education about alcoholism and alcohol problems and their prevention and control;

- spreading the concept of alcoholism as a respectable illness and of alcoholics as sick people who can, with help, recover;
- broadening the alcoholism agency's field for casefinding, early diagnosis, and early treatment;
- making the alcoholism agency and its clients increasingly more acceptable in the community so that alcoholic people will at long last be relieved of their heavy burden of social stigma.

Chapter 1 VOLUNTEERS AND THE ALCOHOLISM FIELD

The scene is the kitchen of a 20-bed halfway house for alcoholic men. Four women are preparing dinner. A large pot roast is simmering on the stove as one woman adds to it quartered onions, potatoes, and carrots. Another woman is slipping two pans of dinner rolls into the oven. A third is tossing an extravagant salad of vegetables from her own garden. The fourth is cutting homemade apple pies into generous wedges.

The heavenly fragrance, concocted mainly of boiling onions and baking yeast rolls, has attracted two hungry residents to the kitchen door, just to be closer to the action. A third resident is in and out as he sets the long table in the dining room.

There is a rhythmic hum of conversation, concerned mainly with last night's baseball game, but also covering equally important subjects such as the value of garlic to pot roast, the weather, and the bazaar to be held next week at the church around the corner. The talk is happy, comfortable, natural—friends communicating with friends.

It is Thursday night, the cook's night off. The women are volunteers from a church group which has pledged to provide and prepare supper for the men every Thursday night, rotating the assignment among its members. The house director, in return, has provided the group with a series of educational programs.

* * * *

The scene is a four-room flat in a neglected unit of an inner city housing project. The woman and her visitor are talking over coffee in the combination dining-living-bedroom. The woman appears depressed and anxious, and regards her visitor with some suspicion.

The visitor explains that she cleans offices to support her family and helps out at the nearby alcoholism clinic in her spare time. She says that she has come to offer help regarding the problems associated with the husband's drinking.

As the visitor alternately talks and listens, gently, with compassion, the woman visibly relaxes and begins to speak about some of her worries. She is desperate about her husband's drinking, terrified of what the future holds for her and her four children, and ashamed of their dependence on welfare.

The visitor understands. In the clinic's family group where she is co-leader, she has personally recruited four of the eight members. The woman will find friends there, friends who know from their own experience what she's up against, friends who speak her language. Together they can do what no one of them can do alone. At least, the woman can learn new courage and new wisdom from the group discussions; at best, she can untangle her life from her husband's alcoholism and play a positive role in his recovery process.

The visitor is a volunteer.

* * * *

The scene is the State House. The legislature has set aside the afternoon for hearings on the alcoholism bill just introduced. The State alcoholism program director limits himself to a brief general statement and then introduces a series of well-prepared spokesmen, each speaking from some personal experience of working with alcoholic men and women. There are representatives of B'nai B'rith, the central office of AFL-CIO, the Council on Alcoholism, the Council of Churches, the State Federation of Women's Clubs, and the State unit of the United States Jaycees. A school teacher speaking for the PTA, a priest, and an eloquent high school senior who is a member of Alateen also make statements.

Both organizational representatives and individuals have been serving on an ad hoc committee to promote support for the new legislation. In addition to testifying at the hearings, they have been speaking before numerous groups, informing the public

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through all available media, and interpreting the bill in concrete terms in conference with the Governor and key legislators. They have no vested interest in the bill. They speak as citizens and taxpayers, and as voters. Their voices come through loud and clear to the decision-makers whose jobs, in the final analysis, depend on popular support.

The spokesmen are volunteers. Their advocacy springs from their voluntary involvement in public and private alcoholism programs.

* * * *

Although stories such as the above are multiplying in the alcoholism field, many program directors are failing to take full advantage of the promising potential represented by volunteers working with their alcoholic patients and joining their efforts to bring alcoholism under control.

In February 1974, Dr. Morris E. Chafetz, then Director of the National Institute on Alcohol Abuse and Alcoholism, and his staff reported on their evaluation of Alcoholism Treatment Centers supported by Institute staffing grants (1). In a list of "characteristics common to many treatment programs" is the following statement:

> *There was insufficient use of volunteers, who made up fewer than five percent of staff in 1972, and a majority of treatment centers used no volunteers. This occurred despite Institute policies emphasizing employment of volunteers.*

Corroborating the above statement, a computer search for material concerning volunteers in alcoholism programs at the National Clearinghouse for Alcohol Information in May 1974 turned up only two newspaper clippings, both from upper New York State and both extending invitations to volunteers to attend a school of alcohol studies.

There is further corroboration in the files of the National Center for Voluntary Action in Washington (2). Of thousands of examples of volunteer programs listed and described there, only 19 are in the alcoholism field. Of those 19, 8 are located in affiliates of the National Council on Alcoholism, by definition voluntary agencies, leaving only 11 in direct services to alcoholic men and women.

Historical Background

The volunteer is as uniquely American as the hot dog and the supermarket. Many social and health movements have started as voluntary efforts, added professional staffs as they expanded, and continued to depend primarily on volunteer effort even after qualifying for public support.

Consider the fight against polio, now shifted to birth defects. It was started from the White House by a most famous volunteer, Franklin D. Roosevelt. The first March of Dimes was wholly a volunteer effort, but even today volunteers do the marching.

Consider the National Association for Mentally Retarded Children. In the early 1950s, small groups of parents of retarded children got together to help their children, and others like them, to appeal to the public conscience for support of their cause, and to reduce the stigma of retardation, as heavy a burden as that still associated with alcoholism. These scattered, spontaneous groups led directly to a national association with chapters all over the country. Its professional leadership still depends on dedicated volunteers to expand services to the retarded, to educate the public about their needs, and to raise funds.

In the alcoholism field itself, consider the unique volunteer group that remains voluntary, probably the brightest star in the history of voluntarism, Alcoholics Anonymous (A.A.). In 1935 two alcoholic men, in an effort to save their own lives, volunteered to help each other toward recovery, and then to help a third, then a fourth. In every case the voluntary effort proved effective. The number of anonymous volunteers in the A.A. Fellowship today is estimated at more than half a million, and to that number can be added the related volunteers in Al-Anon Family Groups and Alateen.

From that small, very personal, voluntary beginning came everything now associated with the expanding alcoholism field: legislation providing tax-supported programs and Federal funding, publicly funded programs in 50 States, counseling services, clinics, detoxification units, special hospital wards, halfway houses and other residential facilities, schools of alcohol studies, professional training, pre-

vention efforts, industrial programs, traffic safety projects—and more.

Also from that small beginning came the field's own voluntary agency, the National Council on Alcoholism. Founded in 1945 by another great volunteer, Mrs. Marty Mann, it has expanded along traditional lines.

Mrs. Mann recognized that before alcoholism could be acknowledged as an illness and the alcoholic person treated as a sick person, the public must know what she and a few others were learning from their own experiences, from A.A. members and groups, and from the handful of pioneering scientists and educators at the Yale Center and School of Alcohol Studies (since 1962 at Rutgers). She recognized also that approximately 95 percent of the people to be reached with information and education were nonalcoholic and thus outside A.A.'s target population.

Mrs. Mann, first alone and then with a growing number of voluntary colleagues, initiated a never-ending task of barnstorming the country to recruit other volunteers to teach themselves, their neighbors, their communities, and States a simple, basic three-point lesson: (1) Alcoholism is a disease, and the alcoholic is a sick person; (2) the alcoholic can be helped and is worth helping; and (3) alcoholism is a public health problem and therefore a public problem.

Today the NCA has professionally staffed offices in New York and Washington and about 175 local affiliate and associate agencies, also with professional staffs. Its strength —its dynamic for progress—continues to be volunteers, both alcoholic and nonalcoholic, who carry its message to the American people, especially to decision-makers in local, State, and national governments.

Volunteers are not new to the alcoholism field; they have indeed written the proudest chapters in its history, and continue to do so. The purpose of the following chapters is to guide alcoholism program directors to take advantage, to a greater degree than they now do, of the availability and potential value of volunteers as service-enrichers and public advocates.

Chapter 2 CONSENSUS: First Step Toward a Successful Volunteer Program

Whoever first suggests a volunteer program—program director, trustee, counselor, former client, or anyone else with the welfare of the agency at heart—must start by convincing the *whole* agency that such a program is indeed both practical and desirable and well worth the necessary investment of time and energy.

Volunteers can function effectively *only* if the alcoholic clients accept what they offer as a legitimate part of treatment and rehabilitation; staff accept them as partners and peers; and the governing body supports the agency's responsibility to recruit, educate, and assign them to service. If any one of the three groups —clients, staff, board—rejects or resents the volunteers, the program cannot succeed and, indeed, should not even begin.

The primary advocate must therefore meet with each of the three groups to discuss the advantages of such a program, whether new or expanded, and to respond constructively to objections.

A volunteer program offers several major advantages for all agencies:

1. Enrichment of service in quality and quantity;
2. Clearer and more positive relations between the agency and its clients and the community of which they are a part;
3. Development of informed advocates for alcoholic clients—their worth, their needs, their potential—and for the social and economic value of the alcoholism agency;
4. A broader base of understanding of alcoholism as an illness and acceptance of alcoholic men and women as sick people;
5. Further opportunities for prevention, case finding, and early diagnosis through education of new community groups.

Moreover, for each agency, there will be specific advantages in terms of the unmet needs of its own population.

6. Staff and volunteers can spell each other in work assignments to participate in training opportunities.
7. Voluntary contributions can supplement the budget to provide needed items, such as recreational equipment, temporary lodging for clients looking for living quarters, and clothing and accessories appropriate for clients preparing for employment.
8. Interpretation by knowledgeable volunteers can result in zoning board action that is favorable to opening a new halfway house.

Objections must be anticipated, but any convinced and well-informed advocate can handle them with good grace, confident that experience will support his position. The following are some of the objections encountered in the field, any one of which might be a good "jumping off point" for agency discussions:

Objection: Using volunteers is a "copout." Alcoholism is a public health problem and accepted as such by government at local, State, and national levels. Whatever volunteers do and provide will relieve government agencies of just that much of their responsibility for funding.

Response: Other health and social agencies involve volunteers without suffering budget cuts. In fact, there is evidence in other fields, such as mental health and mental retardation, that programs begin to attract new and desperately needed public funds at the very point at which volunteers become involved and prepared to bear witness to the tragic gap between what is and what should be. Decision-makers may listen more responsively to volunteers than to agency heads because they have no vested interest and reflect a wider constituency.

If there is any correlation between volunteer services and governmental responsibility for a given cause, it is contrary to that postulated by the nay-sayers. The more volunteers become involved, the more government at every level sits up and takes notice.

Objection: Volunteers create management problems. They are undependable and can't be held accountable for what they do or fail to do.

Response: Experience in other agencies indicates that volunteers are as responsible as the agency that recruits, prepares, and assigns them. *If* the agency develops a firm and rational structure with volunteer job descriptions, time sheets, acceptable working conditions, pleasant interpersonal relations, and all the other elements of healthy personnel practices; and *if* the agency accepts the volunteer program as an ongoing process of recruitment, education, assignment, supervision, and evaluation, and provides the leadership necessary to keep the process rolling—*then* most volunteers will take their jobs as seriously as employed staff. Those few who fail to do so can be gently helped to transfer to different assignments or, if necessary, to resign.

Objection: Alcoholic men and women resent volunteers as do-gooders and resent voluntary gifts as charity.

Response: Not even the most negative objector makes such a point about A.A. Twelfth-Stepper's service to a sick alcoholic. The field universally accepts the concept that the A.A. member in "carrying the message" to a suffering sick alcoholic is primarily helping himself. Chapter 7 of A.A.'s Big Book (3), provides guidelines for working with others and stresses the "selfish" nature of such help: "Helping others is the foundation stone of your recovery . . . ." "Actually, he (the sick alcoholic) may be helping you more than you are helping him. Make it plain he is under no obligation to you . . . ."

Although nonalcoholic volunteers do not conceptualize their service to others in the same terms as A.A. members, they too engage in it for personal reasons—to dispel loneliness or boredom or a feeling of uselessness; to meet new people and make new friends; and, in working with others, to learn more about themselves. Other people may work as volunteers to test the service with the intention of possibly seeking a professional career in the alcoholism field; to utilize and refine valued skills that might otherwise atrophy; to overcome feelings of alienation, to learn more about alcoholism and its victims in order to help an alcoholic relative or friend; or to resolve anxieties about personal drinking practices. Others volunteer to achieve the feeling of gratification that accompanies useful and helpful activities.

The above are all good reasons for volunteering, and the volunteer who does not "get" as much as he "gives" will almost invariably drop out. It is a true for the nonalcoholic volunteer as for the A.A. Twelfth-Stepper that the alcoholic beneficiary of his service may be providing more help than he receives and "is under no obligation."

Two practical proposals to counteract negative reactions to volunteers among alcoholic clients are discussed in following chapters. The first is that staff encourage recovering alcoholic men and women to volunteer for service in other agencies. The second is that special effort be made to recruit volunteers from the same socioeconomic, racial, and ethnic communities from which the alcoholic clients come.

Objection: Volunteers have too much to learn before they can work effectively with alcoholic clients and their families, and the agency isn't designed or staffed to provide the necessary education.

Response: It is true that the direct service agency usually does not have the capability of designing and staffing educational programs. Staff members are busy, full time and overtime, working with alcoholic men and women; they are hired for their skills in treatment and rehabilitation, not education.

On the other hand there are at least three resources in the field with built-in responsibility for education: the State alcoholism program agency, the State school of alcohol studies, and the local affiliate of the National Council on Alcoholism. Any one of the three may train volunteers on request. A fourth alternative is a volunteer training committee established by either the agency board or the director, composed of knowledgeable people representing both the alcoholism field and

education. Chapter 3 cites a number of other community resources that can be of assistance in developing a volunteer training program.

Not all volunteers require elaborate training, as discussed in chapter 7. The agency may choose to initiate its program with groups providing service (as in the example of churchwomen preparing dinner) or material contributions.

Objection: The alcoholic client applies to the agency with the expectation that his records will be confidential and his anonymity respected. Opening the door to community volunteers threatens him with exposure to stigmatizing gossip.

Response: The records will continue to be confidential. No volunteer, however reliable, will have access to the agency's files; staff members will provide the information volunteers may need for their work.

The concept of anonymity applies not to the diagnosis of alcoholism but to membership in A.A. More and more prominent people are telling the world that they are alcoholics: U.S. Senators Harold E. Hughes and Harrison A. Williams, Jr.; Dick Van Dyke; and Mercedes McCambridge. Such acknowledgement is a blow against stigma, fresh evidence that alcoholism is a "respectable" illness and not a disgrace. Just as surely, keeping alcoholism in the closet as a shameful secret thickens the fog of stigma associated with it and delays recognition of its public health implications.

Very few, if any, alcoholic patients recover without at some time acknowledging to themselves and their families, as well as to the treatment staff, that they *are* alcoholic. If they have an opportunity to be honest with volunteers without experiencing instant rejection, they may feel more confident and comfortable about living in the broader community.

Objection: Members of A.A., Al-Anon, and Alateen are willing and welcome to help alcoholic clients and their families, and the alcoholism agency doesn't need "outside volunteers."

Response: This final objection, probably the most common of all, reflects a prejudice that is blind and deaf to the very real contributions nonalcoholic people have made and are making in the field. In every State and on nearly every agency staff, alcoholics and nonalcoholics are working shoulder-to-shoulder with equal effectiveness and equal dedication. Simple observation disproves the old concept, true perhaps in the less enlightened past, that "it takes an alcoholic to help an alcoholic."

Does it take an A.A. member to call a sick alcoholic patient's landlady to ask her to hold his room for him? Or to call a patient's friend to request care for a pet dog or cat or canary? Or to keep an agency's scrapbook up-to-date? Can only an Al-Anon Family Group furnish a room in a halfway house? Or teach homemaking skills or personal grooming to alcoholic women?

The fact is that in a few agencies, nonalcoholic volunteers are performing much more sensitive tasks than those suggested above, including sitting with acutely sick alcoholic patients in a hospital ward and counseling alcoholic families in an information center. The Lutheran General Hospital in Park Ridge, Illinois, reports to the National Center for Voluntary Action (2) on the functions of volunteers selected with "a high level of emotional maturity and compassion."

> *Most alcoholic patients admitted to Lutheran Hospital require a short detoxification period of 2 to 5 days. During this time the patient is given physical and psychological tests and his medical history is recorded. It is during this critical early stage that volunteers are most helpful. For the patient, this period usually is one of remorse, intense anxiety, and deep depression. More than anything else he needs firm emotional support. The volunteers meet this need in a compassionate, non-judgmental way. They talk to the patients and listen to their outpourings of self-recrimination, anger and self-pity with an attitude that neither condemns nor condones, yet conveys a feeling of sound regard for the patient as a suffering human being. The volunteers also perform small services for the patients, such as purchasing needed items and delivering messages. They assist the professional staff in administering the psychological tests and scoring them, readying them for interpretation by the medical staff.*

A.A. members, utilized in other parts of the Lutheran Hospital program, are referred to as "a different corps of engineers."

Another study (4) reports on volunteers recruited by the Fairfield Plan in Connecticut to provide "education and pretreatment counseling to families of problem drinkers to help them handle the alcoholics' traditional denial of illness and refusal to consider treatment." Of the 26 volunteers in the group studied (10 men and 16 women), 16 were alcoholic. All were rated on "11 months of performance aimed at getting the alcoholics of 242 families to quit drinking and to become involved in treatment."

The quality of work performed by alcoholics and nonalcoholics proved to be about equal. A principal finding of the study: ". . . a history of alcoholism neither guarantees nor precludes counseling success."

There is ample and growing evidence that qualified volunteers can be recruited who have not suffered from alcoholism personally. Certainly among professionals in the field there are nonalcoholic nurses, clergymen, counselors, and others who "have a feel" for alcoholic people and are as effective as alcoholic staff members in relating to them; and so it is among volunteers.

There are still agencies in the alcoholism field which maintain "closed shops"—for alcoholic people only. There may even be an occasional agency which discourages A.A. members from contact with clients, rationalizing that A.A. philosophy is too different from their professional treatment approaches. To help alcoholic clients live and stay sober realistically, in a society which is 95 percent nonalcoholic, such agencies must consider opening their doors to all caring and helping people, regardless of sex, age, race, educational level, or previous experience with alcohol.

With an Eye to the Future

In recent years, there has been a trend in Federal funding whereby Federal funds not earmarked for a special purpose are distributed among State and local jurisdictions to be utilized as they see fit. This means that the money is allocated according to the priorities of need as perceived by the citizens and officials in a particular jurisdiction.

This concept may be sound, but how many communities are prepared now to assign high priority to alcoholism programs? How better to prepare the communities for the contingency than to involve great numbers of volunteers in such programs, thereby educating them to the needs of alcoholic people? Volunteers can be the major spokesmen, the most effective advocates, when the time comes to convince State legislators, county commissioners, mayors, and other local decisionmakers that assigning tax dollars to alcoholism programs constitutes a good and indeed essential investment.

Volunteers can also advance the field's goals of a community climate of awareness, of acceptance of alcoholism as a respectable illness, and of stigma-free efforts toward prevention, case-finding, early diagnosis, and eventually, control of alcoholism.

The value of these long-range outcomes of broad-based volunteer participation in services to alcoholic individuals and families is undeniable.

Chapter 3 LAYING THE GROUNDWORK

To attract and retain volunteers, the agency must plan and prepare systematically for their involvement. The first step, as discussed in chapter 2, is consensus among all the agency's personnel that a volunteer program is desirable and worth the effort necessary to insure its success. In addition, there must be general agreement that board, staff, clients, *and* volunteers are working toward common goals and that their roles are complementary, never more or less important. The traditional hierarchical structure is inappropriate for both alcoholic clients *and* volunteers.

The other steps are discussed below. Implicit throughout is the concept that flexibility and simple common sense must temper the order and application of these steps in any given situation. In the final analysis, each agency must set its own standards and establish its own procedures to meet its own unique needs.

Assign one person to take full-time responsibility for the volunteer program.

The volunteer coordinator may be a volunteer, perhaps a board member, or a staff member. In any case, the coordinator must be directly responsible to the director and must have a clear job description (see appendix I, exhibit A) and adequate office space and clerical assistance. The person who qualifies as an effective coordinator is one who is able to communicate clearly and relate warmly with others at all social and economic levels; is imaginative and innovative; is fully informed about the agency's function and needs; is genuinely convinced about the value of volunteers; has well-developed management skills and abundant energy; and is the kind of person with whom others enjoy working.

Without such a person, the program cannot get off the ground. Conscientious and consistent leadership is essential to all future steps. Because the job is certain to provide a rich, exciting, and rewarding experience, it will almost certainly attract a person who will be stimulated rather than scared off by the following awesome, but not too unrealistic, description of the job's requirements.

> *I would suggest that anyone working with volunteers . . . needs to have the patience of Job, the wisdom of Solomon, and the hide of a rhinocerous . . . expected to scintillate like a social matron; plan broad programs like an executive, compose detailed procedures like a method analyst; interview people like a well-trained psychologist; keep time like a clerk; write sparkling, yet homey, yet business-like correspondence; speak with authority, yet social temerity; investigate irregularities like a James Bond; coordinate like a joint chief-of-staff in the Pentagon; and, finally, sit on a fence and take a stand. (5)*

If, as is probably the case, the agency budget cannot be stretched to cover a new staff member, recruitment of an executive volunteer may be essential to provide the necessary leadership. Or, an interested and qualified staff member may be transferred to the new spot with the understanding that recruitment of volunteers to carry his original function has top priority for his efforts.

A study of the volunteer program at Spring Grove State Hospital in Maryland (6) found that in 1958 (no more recent statistics are available) the cost of the volunteer coordinator's office on the public budget averaged $2.32 per hospital patient; the value of voluntary contributions, *excluding* service, averaged $18.58 per patient. The wisdom of the original investment is apparent, and it is unlikely that the passage of time or even inflation significantly reduces the dividends.

Determine with all three agency groups (clients, staff, and board) what the agency needs and can use from volunteers.

The board may think in terms of fund-raising, public relations, committee work; staff, in terms of the pieces of their jobs for which they have trouble finding time, such as transportation of clients, visiting families or em-

ployers, filling speaking engagements, completing statistical reports; clients, in terms of help in finding homes and jobs, social and recreational activities, legal advice, respectable clothing. (Chapter 5 includes a partial checklist of what volunteers can contribute.) The final list will almost certainly require four categories of volunteers.

1. Individuals who contribute service, specialized or general: A law student or lawyer to advise clients on legal problems and solutions; a professional public relations man to work up the annual report; a homebound person to take Hot Line calls one evening or more per week; someone to serve as co-leader of a counseling group. The special service volunteer is distinguished from the general service volunteer by the professional or technical preparation (usually career-related) that is required to render the service. See chapter 5 for an extended list of what general and special service volunteers might do.
2. Individuals who make material contributions: A homemaker or home economics teacher to keep the cookie jar full; season ticket holders to contribute tickets to local sporting and cultural events they or their friends don't use; one or more book club members to add books to the library.
3. Groups which contribute service: An A.A. group to bring in weekly meetings; a crafts club committee to conduct classes; representatives of service clubs to work with clients and staff on planning and operating an open house or a health fair.
4. Groups which make material contributions: A women's service club to contribute $25 monthly to purchase toilet kits for new admissions; an Al-Anon family group to provide material for distribution to families of clients.

Because there is no way of predicting in what order individuals and groups may respond to the recruitment drive, establishing priorities within the list is likely to be a useless academic exercise. The value of the list is that the coordinator is prepared to specify the services and materials the agency needs, and why. No appeal can be productive in general terms of "Please serve," or "Please give."

Flexibility is important too. A volunteer program, however firmly structured, cannot tolerate rigidity. If, for example, an art student offers to paint murals on the agency's empty walls, accept cheerfully even though that contribution was not included on the original list of needs. The volunteers themselves will significantly broaden agency views of what they can offer and will communicate what more, or less, they need from the agency.

Two important principles underlying the evaluation of need are that volunteers will supplement what staff are doing, but will *not* replace staff; and that contributions will provide *only* for items not (or not yet) included in the operating budget. Another principle, perhaps even more basic, is that volunteers will never do for alcoholic clients what they can do for themselves, and will, in 99 percent of their efforts, do *with* alcoholic clients rather than *for* them.

If realistic goals for service and material contributions are established in the beginning, it will be a relatively simple matter to determine at the end of a year to what extent the volunteer program has achieved its goals. The volunteer program will also affect the agency's overall program goals in terms of additional clients supplied with new or more benefits.

Clear plans with the State alcoholism program director and/or the appropriate local officials.

There is always the possibility that the State or local official may know of a potential funding source—perhaps the formula grant the State received from NIAAA, or a local charitable foundation. Are volunteer programs included in the State alcoholism plan? (If not, perhaps they should be next year.) Will volunteer service be accepted as experience in applications for jobs in the field? (Many volunteers choose to enter the field professionally.) What help can the director offer in terms of recruiting, education, public relations, etc.?

Get acquainted with the volunteer programs and coordinators of other community agencies.

In many communities, volunteer coordinators meet on a regular basis to exchange experiences and collect new ideas. Where they do not, visits to the local chapter of the American Red Cross, the State hospitals, the

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local mental health association, and other organizations with well-established volunteer programs can be very helpful. What do they expect of volunteers? How do they recruit them? What files do they maintain? What is covered in their educational programs? What pitfalls have they identified and how do they avoid them?

Not only is the Red Cross, through its local chapters, a source of consultation on structuring and administering volunteer programs, but also, the ARC has published a series of pamphlets, among the best in the field, on volunteer services (7). Information and materials relevant to volunteers in all human service programs can be obtained from the National Information Center on Volunteerism (8). The coordinator needs to explore the potential contributions of as many resources as possible in planning the volunteer program.

If there are other alcoholism agencies or services in the community, offer them a chance to collaborate in the volunteer program.

Two or more agencies may jointly support the coordinator's office, so that recruitment efforts, education, and the other steps in the process will be for the field rather than for one single agency. Such cooperation would provide a broader base for recruitment, greater variety of volunteer assignments, enriched education opportunities, and would preclude competition among friends for available services and contributions.

Determine quite realistically the number of volunteers the agency can accommodate in terms not only of service needed, but also of its physical capacity to absorb them.

How many cars will fit into the parking lot? Is there a place to hang coats and hats? Is there enough space for necessary supply cabinets, desks, and chairs?

A dissatisfied volunteer is generally less effective, and a volunteer for whom there is no assignment or no space has a right to feel dissatisfied.

Prepare personnel policies and procedures for general service volunteers as carefully as those provided for staff.

Good personnel practices are as important to volunteers as to staff in fostering optimum job performance, good working relationships, and individual growth. Attention must be paid to clear, consistent policies for recruitment, selection, training, assignment, supervision, recognition, and so on.

An informal contract (a "gentlemen's agreement") is a useful device, contributing to clarity in the arrangements between agency and volunteer. The agency agrees to provide a firm assignment, education and training, supervision, satisfactory working conditions, and periodic evaluation. The volunteer agrees to provide a particular service at a particular time, respect for confidentiality, and willingness to accept supervision and evaluation.

Other useful forms include such items as an application form, a guide to a personal interview with every applicant, a job description, time records, a guide to the post-probation interview, and a guide to future evaluation interviews. (See exhibits B–G in appendix I for model forms.)

Involve as many alcoholic clients as possible in voluntary services to other sick and troubled people.

Here is the surest antidote to preconceived stereotyping of volunteers as condescending "do-gooders." It will have beneficial effects on the attitudes of alcoholic clients and staff toward volunteers, and on the attitudes of other community agencies toward alcoholic men and women. Check with the American Red Cross and other health and social agencies involving volunteers, including, of course, the A.A. Intergroup Office and the Council on Alcoholism.

Encouraging clients to volunteer in other community agencies has a potentially therapeutic effect on men and women who don't know what to do with time once totally occupied with the pursuit and consumption of alcoholic beverages. If they can find satisfaction *and* new friends, stuffing envelopes for the Respiratory Disease Association or assisting on the Red Cross Bloodmobile may be a giant step toward stabilizing their recovery from alcoholism.

Start a card file of community organizations and their voluntary services and contributions.

Screen local newspapers for information about organization activities and personnel—names and addresses of officers, special interests, etc. An up-to-date file can be a valuable tool, one that volunteers can develop and maintain most effectively.

Chapter 4 WHAT TO LOOK FOR IN VOLUNTEERS

The qualifications for general service volunteers, both those who serve as individuals and those who serve in groups, are a matter of some controversy. There was a time not so long ago when professionals in the volunteer field laid great stress on screening recruits, for example, separating the "mentally healthy" sheep from the "mentally unhealthy" goats, with elaborate psychological tests. Those with criminal records or histories of juvenile delinquency or mental illness were rejected out of hand. By and large, "acceptable" volunteers at that time turned out to be almost invariably, like their screeners, white, well-educated, affluent women, suburbanites with time on their hands. Hence the Lady Bountiful stereotype.

Today the situation has changed. Volunteer ranks have become less exclusive, more representative of the community at large. Emphasis has shifted from advance screening to in-process evaluation: Every recruit who reaches the point of an assignment has an opportunity to demonstrate his or her capabilities on the job. Consider the process which the individual general service volunteer goes through in a structured program before reaching the point of an assignment.

1. He* fills out a fairly extensive application form and mails it to the coordinator.
2. He keeps an appointment for an interview. At that time he learns about the agency's provisions for educating, supervising, and evaluating him, and about the 2-month probationary period.
3. He attends six educational programs of 3 hours each, attends two A.A. meetings, audits a counseling group in the agency, visits one or two other alcoholism agencies to observe their program, and may complete some short-term assignments. (Total time: 25–30 hours).

At any point during the preliminary process, the volunteer may decide to drop out or, for cause, the coordinator may help him make such a decision.

Finally, the volunteer accepts an assignment, with the understanding that he is on probation for 2 months, and meets his supervisor, if someone other than the coordinator. Supervisor and volunteer make an appointment for a formal meeting in 2 months, and arrange to meet periodically in the interim to discuss problems and questions as they arise. The volunteer signs in on the time sheet and goes to work.

After 2 months, he and his supervisor jointly evaluate his experience. Perhaps he would prefer a different assignment; perhaps he likes what he is doing so much that he wants to devote twice as much time to it. Or possibly his supervisor has some negative comments: He should avoid flirting with the alcoholic women or giving the impression he's flirting; he appears to waste too much time in chitchat before getting down to his assignment. At any rate, at this interview, the two of them determine his future service assignment and plan the next formal evaluation session to take place in 3 months.

During the 2-month probationary period, the volunteer may choose to drop out or may be helped to make such a decision. The recruit who passes the probationary period with flying colors is likely to be an effective, dependable, highly motivated volunteer—and *why* he is so highly motivated is no more relevant than *why* an alcoholic drinks.

In the study of volunteer screening in the Fairfield Plan (4), the original number of applicants was 56. Of these, 26 men and women were accepted after screening by four instruments: a personal data sheet, a test of verbal intelligence, an interest inventory, and a per-

*The masculine pronoun is used here for simplicity. Other references throughout the text make it clear that sexual bias is not intended and, indeed, would not be an accurate reflection of actual fact.

sonality inventory. After 11 months of service, 16 of the accepted candidates (20 percent of the original 56) were rated "good to fair." The study included no control group of volunteers selected without tests. There is reason to believe that agencies applying the kind of process described above get results at least as good as the study reports.

The following are descriptions of acceptable general service volunteers from three successful programs:

1. "Anyone with common sense, a kind heart, and the desire to serve." (6)
2. "Anyone with a warm personality, a non-judgmental attitude, and acceptance of his unique role as a non-professional." (9)
3. "Basic ingredients (of volunteers) . . . sensitivity, warmth, dedication and desire to do the job." (10)

Certainly, there is no fool-proof method for detecting these qualities in prospective volunteers and predicting their success. However, if the agency has established a procedure for processing volunteer applications and for training and supervision, the coordinator can feel reasonably confident about obtaining effective volunteers.

General service volunteers who work in groups are encouraged to attend the educational programs (most are eager to do so) and to apply periodically for evaluation of their contributions. However, their evaluation takes place more within their own group than between that group and the agency, and the group itself weeds out those who are undependable or demonstrate negative attitudes.

Qualifications for Other Volunteer Categories

For individuals and groups giving money or material things, the only reasonable expectation is that they make their offers in good faith and have the capability to provide what they offer.

For volunteers providing specialized service (hairdressers, clergymen, teachers), whether practitioners or students, two questions in addition to their special skills must be considered. They must be dependable and must respect the dignity of alcoholic clients. Such qualifications can be determined to a limited extent in advance, but the actual absence or presence will show up early in the course of the agency's experience with the volunteers.

If, despite a preliminary interview in which mutual expectations were clearly stated, a specialized volunteer fails, without notice, to keep his appointments, or if the clients complain of his attitude toward them, then the coordinator must work out the problem with the volunteer on an individual basis. Perhaps the volunteer is really too busy to provide the service he has offered. Perhaps, for some reason (and there are many possible reasons), he is uncomfortable in an alcoholism setting. Resolution of the problem should, whenever possible, be the outcome of agreement satisfactory to both parties. "Let's try again for a month and see how things work out," is one potentially constructive conclusion.

A specialized volunteer who is both dependable and well liked by clients may show up from time to time with the smell of liquor on his breath or even with a slight case of alcohol intoxication. The clients will notice his condition with interest and usually with tolerant amusement; and the news will reach the coordinator post-haste.

Action in such a case depends on the philosophy of the agency and the particular circumstances of the situation. Perhaps all the volunteer needs is a simple reminder by the coordinator to avoid drinking immediately prior to his assignment. Perhaps, on the other hand, he has a drinking problem, and his offer to serve as a volunteer in this particular agency has been, in effect, expression of a plea that someone recognize it and help him. The coordinator may need to call on the director or other agency staff for help, but he cannot ignore the volunteer's inappropriate behavior. (This problem is less likely to occur among general service volunteers who have gone through a process of interviews and education before they start on their assignments.)

If the performance of a student on field placement is in any respect unsatisfactory, the coordinator or the student's supervisor has a responsibility to discuss with him the unsatisfactory behavior, and to report it and the discussion to the responsible officer at the student's school.

A.A. Members Who Volunteer

Most A.A. members who volunteer their services do so as "interested citizens" and are indistinguishable from their nonalcoholic colleagues. However, A.A.'s traditional service to an alcoholism agency is provision of a weekly A.A. meeting for which the local A.A. committee is responsible. The committee selects the chairman who, in turn, invites other community A.A. members to attend with him.

Such meetings provide A.A. members a chance to carry their message to sick or recently recovering alcoholic clients and provide clients with an introduction to A.A. and, on request, A.A. sponsors. Their value is unquestionable.

The coordinator has no responsibility for A.A. meetings beyond the original invitation and arrangements for time, place, and client attendance. He has neither the responsibility nor the right to select the chairman or the other community members who attend, and therein lies an occasional problem. Even among alcoholism program staff who favor A.A. members over all other volunteers, there have been complaints about some who are not entirely in harmony with the agency's philosophy and practice:

1. First is the A.A. member who has not *quite* completed his First Step. He has just gotten "the message" and is convinced that it has saved his life (as it quite possibly has). Further, he is convinced that he is uniquely qualified to save the life of every other suffering alcoholic. He "comes on strong," and his halo shines so brightly that it dazzles or even blinds his chosen clients. He can be a bit (or more) of a nuisance. He is so sure he is right, so sure that if the client will just listen to him (he no longer needs to listen) he too will recover—and he's so tragically vulnerable to frustration and failure.
2. Second is the A.A. member who has celebrated his 15th, 20th, or 30th anniversary in the Fellowship and feels, with some justification, like a senior statesman, the repository of all knowledge and wisdom about alcoholic people, alcoholism, and recovery. The Big Book is his bible, but he has told his own drunkalog so often to so many groups that it feels to him like a chapter from that scripture. He went through d.t.'s cold turkey, therefore so must all others. He stayed sober without Antabuse, so Antabuse is a despicable crutch. A.A. has been enough for him, so there can be no value in any other guides to recovery, such as social work or psychiatry. He *knows* that it takes an alcoholic to help an alcoholic, and condescends to nonalcoholic staff members, if he notices them at all. Other A.A. members call him "a Bleeding Deacon."

   Staff should and do respect him. The war of which he is a veteran, when only other alcoholics gave a damn about his suffering, was even lonelier than it is today. He is a legitimate part of the history of the field. However, not recognizing that some clients may need everything now available to achieve sobriety, in addition to, and perhaps instead of A.A., he can undermine the program and, in some cases, retard recovery.

Such A.A. members are a reality: they won't go away if you don't look now. Whether or not the clients meet them in the agency, they will meet them sooner or later at A.A. meetings outside. It is important to reduce their negative impact without rejecting them and their genuine concern. One approach is to discuss them with the clients, interpreting their strengths and weaknesses as frankly and as lovingly as possible, not to "take their inventories," but only to place them in perspective against the history of the alcoholism movement and in relation to the agency's total program.

There is further discussion of A.A. volunteers in chapter 6, and exhibit M in appendix I is a clear statement of the A.A. position.

Chapter 5 WHAT CAN VOLUNTEERS DO?

The purpose of this chapter is to make specific suggestions about the services and materials volunteers can provide. The list is by no means complete. Rather, it is offered as a modest starting point, a beginning. Actually, there is no limit to the range and level of individual volunteer capabilities nor to the size and scope of service projects and material contributions of individuals and groups.

The suggestions are listed under five main headings: specialized service volunteers, general service volunteers, groups providing service, material contributions by individuals and groups, and miscellaneous tips.

Specialized Service Volunteers

An individual volunteer, depending upon his particular skill, may work on a regular basis or on-call, with alcoholic clients individually or in groups or with program staff. The skills they offer are either not represented or under-represented on the agency staff. Asterisks indicate particular potential for a "one-to-one" relationship between volunteer and client.

Barber, beautician

Certified public accountant (for tax counseling with clients; consultation to administration)

Chiropodist (not generally considered a member of the "treatment team," but healthy feet are important)

*Clergy (for conducting religious service, for counseling clients and their families, for training and education)

Lawyer (for legal counseling with clients, consultation to administration)

*Nurse (for advising clients, individually and in groups, about personal hygiene and health)

Personnel officer (for job counseling with clients, consultation to administration)

*Psychologist (for administering and interpreting tests and questionnaires, consultation on evaluation techniques, conducting or assisting in research, leading groups, training and education)

Public relations specialist (for helping with annual reports, exhibits, newspaper releases, publicity in general, fund raising, community relations)

*Social worker (for counseling clients and families with complicated social problems, consultation on community organization and the social service system, leading groups, training, and education)

Teacher (for teaching art and art appreciation, arts and crafts, ballroom and square dancing, Braille, bridge, good grooming, music and music appreciation, nutrition and dieting, alcohol education, public speaking, reading and writing, swimming, typing—and much, much more)

General Service Volunteers

These traditional individual volunteers, whether Fellowship members or others, will probably constitute the agency's primary education and supervision target. Such volunteers should have some choice in the matter of assignments and should be able to transfer from job to job when necessary until they reach their maximal level of satisfaction and productivity. In the following partial list of possible assignments, the asterisk indicates those with a particular potential for a "one-to-one" relationship between volunteer and client.

Baby-sitting: to permit sick alcoholics and/or their families to attend clinic or Fellowship meetings

Clerical and secretarial work: addressing and stuffing mailings, typing letters, answering the telephone, filing, clipping and pasting newspaper publicity

Coordinating the volunteer program

*Counseling alcoholic clients and their families

*Escorting clients to other service agencies:

emergency rooms, clinics, welfare offices, etc., to provide advocacy support
Manning information or reception desk
Serving as group co-leader
Serving sick alcoholics by shopping, making telephone calls, etc.
*Sitting with disturbed alcoholic patients
Speaking before community groups
*Staffing drop-in center or other community resources
*Staffing Hot Lines, in office or at home
Teaching personal hobbies: crocheting, flower arrangement, photography, weaving, woodwork, etc.
*Transporting alcoholic patients to hospitals (always in teams of two) or families to visit alcoholic patients
Escorting clients on field trips

Groups Providing Service

Service groups have one great advantage over general service volunteers: If one individual is unavailable for a given assignment, the group either replaces him or reorganizes to complete the assignment with one less person. Another advantage is that as a group accumulates experience and develops sophisticated know-how, it can absorb novices with practically no involvement of staff in the process of recruitment, education, and supervision.

The imaginative coordinator can quadruple the following list of what service groups can do:

Catering meals on the cook's night out
Repairing physical plant (painting, plastering, laying tiles, etc.) and teaching as they work
Finding homes and jobs for clients who (in staff's judgment) need such help
Making draperies, upholstering furniture and otherwise improving the decor, teaching as they work
Operating the canteen (if agency is big enough and sufficiently isolated from neighborhood stores to need one)
Providing entertainment and recreation:
Client talent clubs
Concerts
Fashion shows
Gardening
Nature hikes
Parties
Picnics
Professional and other sporting events
Providing and serving refreshments on special occasions
Theater
Trips to historical areas, museums, parks, etc.

Material Contributions by Individuals and Groups

Material contributions may be made once to meet particular needs, or may be provided on a regular schedule. Acknowledgments and publicity to groups making material contributions provide encouragement and will be much appreciated. Individual donors should also receive graceful acknowledgments but should be consulted about the desirability of publicity. Suggested items are listed under two headings, cash and in-kind gifts. In most cases, the items could be listed under either heading.

Cash for . . .

Coffee and teabags
Diabetic food items
Fresh fruit
Overnight lodging for homeless alcoholic clients
Part of new program (perhaps the volunteer coordinator's office?)
Public address system (if the agency is big enough to need one)
Scholarships for clients, staff, volunteers to attend the Institute of Alcohol Studies, A.A. or Council on Alcoholism annual dinner, and other educational programs
Subscriptions to newspapers and magazines
TV repairs

In-Kind Gifts

Bathing suits
Books
Canary or parakeet
Christmas and birthday gifts
Clothing and accessories (clean and in good condition)
Ditto machine or other duplicating equipment
Electrical appliances; movie projector/films

Fishing tackle
Freshly cut flowers
Furniture
Holiday cards and gifts for clients to send their families and friends (only, of course, if they cannot select and purchase their own)
Holiday decorations
Home-made bread, jams and jellies, pickles
Ironing boards
Mirrors
Model railroad layout
Models of boats, cars, and planes (for clients to make)
Office equipment and supplies
Piano, other musical instruments
Ping-pong and pool tables
Playing cards and games
Station wagon
Toilet kits

Miscellaneous Tips

The volunteer program is one part, and can be a very important part, of a therapeutic milieu, *if* it is integrated with treatment and rehabilitation. The coordinator, with staff support, will determine how volunteers can best make a contribution within that context. Volunteers provide gifts and services *on agency request* to help alcoholic clients and patients to recover and to advance their rehabilitation. The program must never permit volunteers to reinforce old patterns of dependency and manipulation. In one case, an attractive alcoholic man got three good suits in 3 months from friendly (and uncontrolled) volunteers, simply by exercising his old, sick skills in a decidedly contra-therapeutic effort. Such abuses can be prevented by education and supervision.

The coordinator should try to tailor appeals for material contributions to the interest and capability of the prospective donors, finding out in advance about their past history of giving. For example, he might ask a Rod and Reel Club for fishing tackle, a garment workers' union for a sewing machine, a black fraternal order for "soul food," "soul music," special cosmetics. The agency is concerned not only with the specific gift, but perhaps even more, with the involvement of new friends and allies through identification with alcoholic men and women.

Department stores and manufacturers often discard end of the season clothing and clothing that has been worn by models. They will donate it if politely approached. Following big sales, such as those on Washington's Birthday, specialty shops often have left-over merchandise they don't care to mix in with their regular stock. They too will donate.

Often, following a death, family members will dispose of the clothing and other personal effects of the deceased.

Trade associations, such as retail car dealers, may contribute one of their products for public relations value.

Each week every local post office has publications which cannot be delivered because of address changes. A volunteer might stop by regularly to pick up a supply for the agency's clients.

Many hosts, especially country clubs and bridge clubs, discard all playing cards used at one party: another possible pickup by a volunteer.

A volunteer program can be richly successful, but never by accident. The coordinator's job, with the necessary planning and attention to detail, is indeed full time, and the program will grow in geometric progression as the coordinator gains experience and accumulates community contacts.

Chapter 6 FINDING AND RECRUITING VOLUNTEERS

Wherever there are people there are potential volunteers. According to Ivan H. Scheier, Ph.D., in a volunteer program manual for courts (5), "Recruiting volunteers is not like finding water in the desert; it is more like controlling Niagara Falls." The standard estimate of the number of volunteers in the country, according to a Gallup Poll, is 50 million, more than five times the standard estimate of the number of alcoholic people.

NIAAA reports that, in 1972, volunteers made up fewer than 5 percent of staffs (about 1 volunteer to 20 staff) in alcoholism treatment centers (1). A reasonable initial goal for an agency starting a volunteer program might be 10–20 percent of total staff or 1 volunteer to 5 or 10 staff members. The following is a suggested list of possible sources of volunteers in order of their importance for an alcoholism agency.

The agency's clients. Everything the alcoholic client does to help other alcoholic men or women or an alcoholism program helps him. Moreover, an emphasis on volunteer service, both within and outside of the alcoholism field, serves two purposes. The first purpose is to reduce clients' possible resistance to other volunteers by providing a strong identification with them. The second purpose is to introduce to clients a leisure-time activity that may take some of the curse off the "four bare walls" within which many live, and fill some of the emptiness left in their lives when they no longer resort to the bottle and their old drinking buddies.

To achieve such purposes, the coordinator should explicitly recruit clients as volunteers, involving them in the same process as has been set up for community people. The small investment of effort will pay large dividends.

"Graduates" of the agency's program. An obvious choice of manpower, this one provides an excellent means of followup.

Families of clients and "graduates." The educational program will have special significance for volunteers from this group. Further, their problems with stigma, real or imagined, may be relieved by association with other volunteers and by becoming better informed.

Clients, graduates, and families of clients and graduates can extend the recruitment effort by appealing to their friends and the organizations to which they belong: churches, unions, lodges, bowling clubs, service clubs, etc. Because of their first-hand experience with the program, their voices can be especially eloquent on the agency's behalf.

Friends of staff members and volunteers and the organizations to which they belong. The richest source of additional volunteers may very probably be those staff members and volunteers who are happy on their jobs and who gain feelings of satisfaction and self-fulfillment through their various contributions. As in any other selling field, a "satisfied customer" can be the best salesman.

The Council on Alcoholism. Even though the local Council may need every volunteer it recruits for its own important program, it almost certainly comes into contact with some who would prefer to work in a direct service setting. The Council is also an excellent resource for consultation and for faculty for educational programs.

A.A., Al-Anon and Alateen members. The Fellowships are the field's natural and very special resource for volunteers of all categories, and the veteran staff member needs no advice about how to approach them. However, because it is possible that the coordinator may be new to the field and unfamiliar with its allies, a few suggestions may be helpful.

- Seek advice and consultation from the agency's A.A. sponsor, from a staff member who is a member of A.A., from the A.A. Intergroup Office, or from the local representative to the General Service Board.

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- Read some A.A. pamphlets, especially one published in 1974, "How A.A. Members Cooperate With Other Community Efforts to Help Alcoholics" (11).
- Attend three or four open A.A. meetings, preferably of three or four different groups, as an auditor. The members will almost certainly assume that the new face belongs to an alcoholic; at an A.A. meeting this is a compliment. Do *not* attend such meetings to recruit volunteers: that's not their purpose.
- Become familiar with the Twelve Steps and Twelve Traditions, the basic guidelines for all Fellowship members and groups, to learn, for example, that these groups do not sponsor or endorse programs.
- Fellowship members who apply to be volunteers do so as private individuals. Never identify any volunteer (or anyone else, for that matter) as a Fellowship member—the member himself is the only one who can share that information.

Local groups associated with national organizations. Recently the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has recruited a number of these groups to include the fight against alcoholism among their program activities. Among them are B'nai B'rith, General Federation of Women's Clubs, National Congress of Parents and Teachers, United States Jaycees, and the YMCA. NIAAA, Division of Prevention, can provide a list of contacts, by State, for these and other organizations involved in alcohol-related activities (12).

In preparing to approach local organizations, the coordinator should become familiar with the national material they have received and learn in what ways, if any, they have applied it. Also, contact the State Alcoholism Program Director and the local Council on Alcoholism. A second step might be to meet with officers to find out what the memberships could be interested in doing.

Special population national groups. The Division of Special Treatment and Rehabilitation Programs, NIAAA, has worked closely with a number of organizations to help develop a capacity for meeting the needs of various racial and ethnic populations in the area of alcohol abuse, including the National Black Caucus on Alcoholism, National Indian Board on Alcoholism and Drug Abuse, and National Spanish-Speaking Commission on Alcoholism. Although these groups do not have State or regional affiliates, a local agency planning volunteer services may profit from consultation with these national organizations.

Retired persons. Retired Senior Volunteer Program (RSVP) is a body of highly competent retired men and women willing to accept voluntary assignments. For information about the national organization and local groups, write to RSVP, 806 Connecticut Avenue, N.W., Washington, D.C. 20525.

In addition to the nationally directed groups, nearly every community has Golden Age Clubs, Gray Panthers, and other rallying points for retired citizens, many with skills to contribute to an alcoholism program.

Labor unions. One place to open a drive for union volunteers is the local AFL-CIO central labor body located in each major metropolitan area. Endorsement by the central body provides access to all affiliated local unions.

Other unions to contact include the United Auto Workers, International Brotherhood of Teamsters, United Mine Workers, and nonaffiliates. Working men and women have a great deal to offer alcoholism agencies and their clients: advising on jobs, teaching job skills, contributing funds and material gifts, repairing the physical plant, publicizing the agency's needs in their house-organs, representing those needs to political decision-makers, and learning through their involvement how to help their own alcoholic members.

Churches and other religious organizations. Active members of church congregations are *doing* people, dedicated to human service at home and abroad. They are potentially valuable allies and volunteers, as individuals and in groups. One caution: the evangelists among them may preach to clients and may represent what has become known as the temperance approach to alcohol problems. Although staff may become impatient with the point of view of such volunteers, some clients may respond positively to the preaching. The temperance approach, although alien to the philosophy of the field, can do no real harm to individuals

for whom abstinence is a therapeutic goal—and may even do some good. More than one sick alcoholic man or woman started on the recovery route at an old-fashioned revival meeting.

Schools, colleges, and universities. Educational institutions offer the volunteer coordinator a golden opportunity to provide the agency's clients more service and a greater variety of services. Faculty and students, as individuals and in groups, can provide special and general services and material contributions.

Regarding special service, vocational schools for barbers, beauticians, secretaries, and others usually seek opportunities for practical experience for their students. They may welcome an invitation from an alcoholism treatment unit or residential facility, and require nothing from the agency in return. Furthermore, since these students provide very specific and short-term service, they need little, if any, orientation from the agency.

Students preparing for careers in law, nursing, social work, psychology, and the like are another source of special service volunteers. Their programs of study frequently include field experience, the opportunity to apply classroom learning in a real situation. In some cases, the agency will be expected to provide evaluation of the students' performance.

Student volunteers are a group who place the clients with whom they work under no obligation, because the service they provide is primarily for their learning. An additional benefit of providing students with an opportunity to learn in an alcoholism setting is that they will carry their newly acquired knowledge and interest into their professional practices following graduation.

Many graduate students must submit theses or research reports to qualify for their degrees. They can provide a unique service by choosing one of the many areas in the alcoholism field that need systematic, scientific study.

College and high school groups such as fraternities and sororities are usually energetic bodies and have a commitment to some kind of community service. These groups are a source of both general service volunteers and material contributions.

Faculty members can make their contribution indirectly by consulting to staff members. Their special knowledge and skills, in such areas as business administration, communications, and evaluation, can enhance program quality, especially in the planning stages. University faculty may also be recruited to staff the agency's educational programs.

American Red Cross. The Red Cross offers transportation, water safety and first aid instruction, and a body of volunteers with experience in working with alcoholic patients in Veterans Administration hospitals. The Red Cross as a resource to the coordinator for planning and administering volunteer programs is discussed in chapter 3.

Trade and professional societies. Potential sources for everything from a larger refrigerator or air conditioner to psychological testing and volunteer dental hygienists.

Miscellaneous, including walk-ins. This group is probably larger than all the rest put together, but the list differs from community to community; each agency will have to develop its own. In one small rural county in Maryland (population of 20,000), 250 organizations were possible sources of voluntary service and contributions, including theater groups, ethnic organizations, granges, fraternal lodges, garden clubs, Homemakers and 4-H clubs, and volunteer fire departments and their auxiliaries.

The best source of information for such a list is the local newspaper, but the chamber of commerce or health and welfare council may have mimeographed lists to serve as a starting point.

And there *will* be walk-in applicants: men and women who have heard somehow, somewhere about the agency's drive and have been stirred to take direct action in response. They should be warmly welcomed.

Volunteer Action Center. The name varies from community to community. It may be called "the volunteer bureau, or volunteer committee of the health and welfare council," or something else. There has developed recently in nearly every large community a central body to recruit volunteers, educate them, and assign them to the agencies which can use their services.

Some leaders in the alcoholism field maintain that volunteers from such central bodies are of no help to them, because they do not have the interest and preparation to work effectively with clients of alcoholism programs. One way to overcome this problem is for people in the alcoholism field to participate more actively within such central volunteer organizations and to contribute to the educational programs. Wherever volunteers work, they will run into alcohol problems. By getting acquainted with volunteers in other agencies and informing them of alcohol-related problems, the alcoholism agency may extend its outreach to a wider community.

Volunteers in Service to America (VISTA). A Federal program which recruits volunteers for 2 years of service in needy programs throughout the country. Part of a larger agency (ACTION), the volunteers are trained, assigned to a project, and supported by a small Government stipend for their period of service.

For full information about the availability of VISTA volunteers, write to:

ACTION
806 Connecticut Avenue, N.W.
Washington, D.C. 20525

Private charitable foundations. Numerous private foundations make grants of money to reputable groups having a specific need and a sound plan for meeting that need submitted in the form of a proposal. To date, few foundations have awarded grants to alcoholism programs, but this may be because they have not been asked. Local foundations are more likely to respond positively than a national foundation such as Ford. The public library has a directory of private foundations, updated annually, listed by State, with information about previous beneficiaries and special interests.

Recruitment

Included in the list of major sources of volunteers is information about how to reach some of them. For such special groups, as for all others, recruitment is a matter of effective communications. And certainly nowhere else in the world are there more eloquent communicators than in the alcoholism field. The only problem is in selecting the best possible recruiter for every recruitable individual and group.

All media are appropriate for the agency's message: Direct mail to individuals and organizations; radio and TV talk shows, as well as station-break announcements; daily and weekly newspapers for stories and letters to the editor; trade journals, house organs, bulletin boards, speaking engagements, and the telephone. The best medium is, and will always be, person-to-person conversation.

An experienced public relations man can be helpful in preparing letters, news releases, and brochures. Perhaps an advertising agency would underwrite and produce the major "piece" in the campaign. If so, make certain that its name is noted as the contributor, or the public may wonder how a "needy" agency can afford "the Madison Avenue touch."

A few concrete ideas may help. Though none is especially new or novel, each offers an opportunity to reach new community friends and recruit the support of volunteers.

Make a special effort to recruit men and women from the same socioeconomic groups as the agency's clients, the kind of people who speak the clients' language, with whom they can immediately identify and feel at home. For this particular population the most promising recruiters are clients, graduates, and friends and family members of clients and graduates, especially if the clients come from a low-income community or represent a minority group.

The National Center for Voluntary Action reports on the experience of five voluntary action centers in recruiting low-income volunteers (13). Findings of the study are well worth quoting:

> *Low-income people respond most readily to activities which originate . . . from within their own neighborhoods.*
>
> *Residents of low-income communities have a pronounced resistance towards forms or paperwork of any kind.*
>
> *In poverty communities . . . tailor recruitment to more acceptable expressions (than volunteer), such as "helping out" or "lending a hand."*

The most effective and most popular means of recruitment by the five centers studied was personal contact.

Wherever possible arrange for the president of an organization to appeal for that organization's contribution. If the agency has no personal contact, a letter offering speakers for future meetings, a panel, or a film may encourage response. Indicate in the letter that the agency is prepared at very short notice to send a speaker to substitute for one who must cancel for reasons of health, weather, or some other crisis. Many organizations will appreciate such an offer and will remember the agency which made it.

Invite presidents or other officers of a select group of high priority organizations (those recruited originally by NIAAA, for example), to a coffee hour at the agency to meet clients and staff and to see for themselves what the needs are.

Prepare, with the help of the public relations consultant, a 3" x 5" flier that summarizes the agency's service and needs and provides the name, address, and telephone number of the coordinator for anyone who wishes to respond. (See exhibit H in appendix I.) A money-saving mailing strategy is to persuade a large department store, the utility company, or the telephone company to enclose the fliers with one of its monthly billings. The flier also can be enclosed in the agency's own mailings and can be distributed at all meetings addressed by agency spokesmen.

Getting It All Together

The agency has employed a full-time coordinator, a middle-aged woman, a retired Army Major, whose pension enables her to work for peanuts until such time as a proper salary can be added to the budget. She brings with her to the job a charismatic personality, tremendous enthusiasm, high expectations about the program's potential, and years of management experience. She is a recovered alcoholic with 12 years of stable sobriety, so she has a head start on the great mass of what she has to learn.

The agency is behind her efforts 100 percent. She has meticulously taken the steps recommended and discussed in chapter 3, and has enlisted a personal friend, a retired librarian, to begin the file of community organizations and to check for possible private funding sources in *The Foundation Directory*.

Now she must decide, with the approval of the director, where and how to open the recruitment drive, and in what order to approach the resources listed above. The priorities will be different for every agency, but might look like this:

1. Get a list of all schools, vocational and professional, and make an appointment with the appropriate officer of each, to determine the availability of students for service to the agency and its clients. Are such students available? How many? When? For how long? Under what circumstances, and by what arrangements?

   Students with special skills offer an advantage as the first group to approach. They can serve with ut extensive agency recruitment, education, supervision, and evaluation. This advantage may be offset by lack of flexibility in time available or length of service because of educational commitments and the need to satisfy faculty requirements for supervision and evaluation.
2. If the agency needs the service of a chiropodist or a certified public accountant or others listed in chapter 5, try to arrange for the president of the appropriate association to make the appeal.
3. While working in the two above areas, the coordinator can also be planning the volunteer training program with the group set up by the State Program Office, the Council on Alcoholism, or the agency. Content, methods, and faculty must be determined, a place selected, and a date set for the first class. That date sets a deadline for recruitment of general volunteers. Also she may be meeting with the volunteer public relations person to prepare the mimeographed and printed material needed for the general recruitment drive.
4. First target groups for general recruitment might also include local chapters of the national groups recruited by NIAAA. A coffee hour or open house for representatives from the Women's Club, the Jaycees, the PTA, the YMCA and B'nai B'rith will

help to determine the possible interest in service of each group and to set guidelines for proceeding to establish productive relationships with its membership.

With the initiation of these steps, the program will be on its way. Periodically, as routines are established, the coordinator should review the program, the needs of the agency, and available resources to be sure that no important item is overlooked.

Chapter 7 EDUCATING VOLUNTEERS: Organizations and Individuals

Just as there is no one right way for parents to raise their children, and no one right way for therapists to help their troubled patients, so there is no one right way for an agency to educate volunteers. The need for education is, however, universally accepted.

During recruitment efforts, the contacts made with organizations and the community at large can be a valuable part of the general education of volunteers. The goal of the recruitment aspect of these contacts is to provide agency and potential volunteer with an opportunity to get acquainted and to determine areas of common need and interest. The goal of the educational aspect of these contacts is not only to provide an orientation to the field of alcoholism, but also to prepare a body of informed public advocates.

For organizations and individuals new to the field of alcoholism, there is a core of information that will dispel misconceptions, provide a general introduction to the field, and arm public advocates with pertinent facts and figures.

1. *What is alcoholism?* The disease concept. The disease process. Theories of etiology. Early symptoms. Behavioral symptoms. Extent. Distinction between the acute and chronic stages. Distinction between alcoholic and social drinking (responsible and irresponsible). The impact of stigma. The nature of addiction. Current methods of prevention and treatment. Professional disciplines involved. Research efforts and findings.
2. *Who is the alcoholic person?* Range of people affected. High risk groups. Impact of the disease on the alcoholic: physical, psychological, social and economic. Impact on the family. Impact on his job and his community. The alcoholic person's self-concept. His reluctance to seek help and reasons for it. His denial system and means of penetrating it. The roles of "significant others" in the alcoholic's choice between continued self-destruction and recovery: family members, the employer and union representative, the physican, the clergyman, the court, the A.A. member. The alcoholic person in the recovery process. His sensitivity to the attitudes of others. His resistance and "slips." The dynamic potential of identification with stable A.A. member. Impact of recovery on the family. The recovered alcoholic person and his value to society.
3. *What does the agency do for alcoholic people?* The agency's purpose, philosophy, program. The segment of alcoholic people treated. Admission procedure. Treatment and rehabilitation methods. Followup. Treatment results and impact on the community. Limitations and reasons. Budget and source of funding. Staff, board, and administrative officers. Future hopes and plans.
4. *What is the alcoholism program system of which the agency is a part?* Public, private, and personal (A.A., Al-Anon, Alateen) alcoholism agencies, on national, State and local levels. The relation of the agency to the State program agency (or local equivalent), to the local affiliate of NCA, to the Fellowships. Other alcoholism services in the community and the agency's interaction with them. The roles of law enforcement and courts, appropriate and inappropriate. Needs of alcoholic individuals and families still unmet in the community.
5. *What is the public's stake in prevention and treatment of alcoholism?* Data on the economic and emotional cost of alcoholism. Comparison with other disabling diseases (such as tuberculosis and polio) which now are under control. Relation of

alcoholism to highway safety. Federal, State and local legislation, in effect and pending, concerned with alcoholic people. Roles of local representatives in relation to such legislation. The role of taxpayers and citizens in legislature education. The agency's immediate and future need of informed and willing advocates.

There is nothing new in this outline. Probably every alcoholism program director in the country has been projecting most or all of these points in his community contacts. The special advantage of projecting them to volunteers is that they will be constantly tested and re-examined as the volunteer serves the agency and its alcoholic clients. In other words, volunteers are more likely than other audiences to learn and to incorporate the lessons taught.

Educating Organizations

All organizations welcome good speakers, and in the alcoholism field there are many good speakers who can cover all the subjects listed above in one presentation. Even the superficial treatment that limited time allows will stimulate many questions and promote awareness of the problems.

Some organizations may request a series of two or more presentations. In others, a special interest committee, such as health or community affairs, may welcome discussion of the five questions in greater depth than can be reached with the larger parent body. Individual members, mostly those with personal reasons for wanting to learn more, may ask to attend the agency's formal educational program or the State's institute on alcohol studies.

Obviously, the more effective the initial presentation, the greater the likelihood of invitations to present to the same or other organizations. A successful presentation requires a talented presenter: one who is both well informed and entertaining and speaks from *personal* experience. Such a person, whether an alcoholic person or a professional working with alcoholic clients, appreciates both the comic and the pathetic features in the careers of alcoholic people and is one with whom the audience can identify and share both laughter and tears.

Some agencies may have public spokesmen with professional expertise in keeping audiences engaged. *Every* agency has available alcoholic men and women who have benefitted from its program, are eloquent, and are eager to tell the world about their recovery experiences and to help the agency help other still suffering alcoholic people by persuading an organization that it *wants* to support the agency and contribute whatever is being asked.

A lecture is one way to present the agency's story and need. Another method is a conversation between two knowledgeable people who agree in advance on the material to be covered and the goals of the presentation. For example, an interview between the husband of an alcoholic woman and a social worker could include facts about alcoholism, the alcoholic person, the role of the agency in treatment, and its needs for volunteer contributions. A panel discussion of the subject is another possible variation.

The effectiveness of audio-visual devices (flip charts, chalk talks, slides, films) depend entirely on the time and money available to prepare them. Though these devices cannot carry the message alone, they can add variety and interest to a speaker's presentation. Printed material for distribution to audiences should be simple and inexpensive. (For an example, see exhibit H in appendix I.)

The members of the organizations who respond to the recruiting effort should be invited to continue their education about the alcoholism field through their participation in the agency's structured educational program for volunteers.

Specialized Service Volunteers

Individuals who contribute specialized services, practitioners and students alike, should also be informed of all educational programs and invited to attend. Retirees and some others among them may well accept the invitations, but most may not have the time to do so, and may view their roles rather narrowly as contributing their familiar skills for the benefit of clients and no more.

However, such volunteers do come to the agency, and staff members with occasional or periodic opportunities to talk with them should take advantage of these opportunities to familiarize them with the agency's current need for advocacy support. Professional people and technicians are likely to be less action-oriented than organizations, but it is entirely possible that contact with alcoholic clients who have experienced earlier neglect and mistreatment may trigger rusty crusading impulses. Some among them will surely hear the message and carry it away to others. The agency's job is to make the message clear and convincing.

General Service Volunteers

General service volunteers constitute the major target population for educational efforts. For them it is advisable to require attendance at a formal course. Generally, they will be eager to comply, with an occasional exception. Miss Tucker is a good example.

Miss Tucker was a retired school teacher who, after 10 years, was still an old-fashioned school marm. She served every week as hostess of a coffee-hour which followed a group therapy session, and every week she took great pride in providing her own home-baked cookies. She had been a volunteer long before the agency set up its educational program and showed no interest in attending the first session. After considerable coaxing by the coordinator, she reluctantly attended the second.

Miss Tucker listened politely to the young psychiatrist who presented a psychological profile of the alcoholic person, but at the close, she marched herself up to the podium, and addressed him as follows:

"Sonny, you know a lot I don't know, but you can't teach me a thing about baking cookies and serving coffee."

She continued to serve, "uneducated!"

Specific course content will vary from agency to agency and from time to time in the same agency. See exhibit I in appendix I for two examples of educational program outlines. On the premise that every volunteer will be an advocate as well as a server, the five questions at the beginning of this chapter would need answers and discussions in some detail—perhaps one question for a 3-hour session each week for 5 weeks. The series might conclude with a sixth session devoted to the volunteers themselves: The volunteer's place in the agency; the relation of the volunteer to clients, staff, and community; ethical considerations, such as confidentiality; the volunteer as advocate; the volunteer's expectations; the agency's expectations.

Regardless of content, the value of any educational program will depend on three factors: the climate of the learning situation, the effectiveness and variety of teaching methods, and followup arrangements.

Climate of the Classroom

Time. If most of the volunteers are employed full-time, sessions must obviously be held in the evening or on Saturday mornings. Find out from the volunteers themselves which they prefer. For retirees, housewives, and others whose time is less restricted, sessions can be held on weekday mornings. Let them select the morning convenient for most. Depending on the number of volunteers involved, it may be necessary to run two programs simultaneously to accommodate all of them.

Starting every session on time and keeping on schedule is an expression of respect for both volunteer and faculty and contributes to the volunteers' acceptance of the importance of punctuality.

Place. The place *must* be comfortable, in terms of space, seats, temperature, lighting, and acoustics. It must also be easily available and allow for adequate parking space, preferably unmetered. (More than one meeting has been disrupted by recurring need "to feed" voracious meters!) Arranging carpools may reduce parking problems and provide transportation for those who have no cars.

If the agency does not have suitable space, churches, unions, the Grange, Y's, community mental health centers, schools, and libraries are usually willing to donate facilities for such a good cause. In one city a nationally advertised brewery provided an ideally furnished and situated conference room as well as refreshments. (Yes, many people in the al-

coholism field drink and are not against drinking *except* for those with alcohol problems!) Pick the best, applying the criteria suggested in the paragraph above.

Personnel. In a social gathering the tone is set by the host or hostess. In an educational program, the tone is set by the chairman, preferably the coordinator, who attends all sessions to provide continuity and establish continuing relationships with participants. To this end, the coordinator has final approval of physical arrangements, greets volunteers, makes announcements, introduces the speakers, and provides the connection between sessions. The coordinator must convey respect for the volunteers and must provide implicitly a role model for them in the relationships they soon will be establishing with alcoholic clients.

A second person is needed to handle details: keeping attendance records, distributing material, presiding at coffee breaks, responding to emergencies ("The speaker never told us he would need a blackboard!"), answering the phone, providing and emptying ashtrays, etc. The duties may be performed by an already established volunteer, or, better yet, by an alcoholic client. It is never too early to introduce volunteers to clients as people, as peers in the team effort to get a big job done.

Besides the faculty, who are discussed in the next section, the other personnel important to the program are small group discussion leaders, who should be not only well informed, but proficient in leading free, open, productive, and *involving* discussions. Group leaders can be recruited from among volunteers or staff. Selection and assignment must be made in advance of the first session, and every group leader must be committed for all sessions. As each group discusses the day's presentation, its implications and unresolved questions, a recorder selected by each group at the first meeting summarizes the major points.

Miscellaneous. Name tags should be prepared in advance and worn by all. Volunteers need an opportunity to get to know each other at the opening of the first session, not only through perfunctory introductions, but through some getting-acquainted, "ice-breaking" exercises.

Coffee breaks play an important part in establishing and maintaining a warm, friendly climate. Two per session are advisable, one a half-hour before the session officially convenes, and another midway in the 3 hours. The first can get volunteers in the mood for the session; the second provides a chance to get up and walk around, to laugh, to express a sentiment in private that seemed too personal or too trivial to raise in public, and to relieve tension as volunteers get involved in their learning experience. Breaks also provide opportunity for making friends. Let the volunteers decide for themselves to pay for their refreshments and how much: no one will object to 25 cents a session.

By giving volunteers plenty of time to make comments or ask questions and by soliciting their evaluation of every session and their suggestions for future programs, the coordinator demonstrates the agency's respect for them as contributing partners. Simple evaluation forms can be distributed and collected at every session, with perhaps a separate form for the program as a whole. (See exhibit J in appendix I for suggested models.)

Student volunteers' questions will usually be realistic and concrete: What should we talk about with clients? Should we mention our private family affairs? Listen to their family affairs? Should we ask them their names? Call them by first name? Suggest that they call us by first name? What subjects, if any, are out of bounds? Should we give clients our addresses and telephone numbers? Should we lend money to clients? Should we do errands for them—such as mailing letters or making telephone calls?

All such questions have implications deeper than their superficial words. Regardless of how often they are asked, they must be answered with reassurance and support.

Effectiveness and Variety of Teaching Methods

The suggestions above for selecting speakers for organizations apply also to selecting faculty for the educational program. More specifically, teachers should be chosen for their ability to relate to volunteers and their skill at presentation, rather than for their

encyclopedic knowledge of the subject. Who has not observed the world-famous authority, invaluable for consultation, who puts his audience to sleep by reading his paper, using scientific jargon, telling people more than they can take in or even use, and talking down to them? Every teacher should be informed in advance of the scope and limits of his subject and where it fits in the overall pattern.

Recruit a *variety* of teachers—men and women, alcoholic people in treatment and those with stable recovery, representatives of whatever minority groups are in your community, and professionals with and without degrees. Provide change—changes of voice, changes of style, changes of role. But make sure that all share alike in three essential qualities: love for alcoholic individuals and their families, enthusiasm for the alcoholism field, and respect for volunteers.

The six sessions proposed above offer ample opportunity for diversity. The first, on alcoholism, is probably the only one that calls for a single speaker. The second, on the alcoholic individual, may best be presented by a panel: an alcoholic client in treatment, a mature A.A. member, an experienced staff member, and others.

The third session on the agency may include not only a panel of staff members, but also a guided tour of the agency and, if possible, observation of some feature of the program, such as a group counseling session or an educational session with spouses of new clients.

The fourth session on the alcoholism program system should feature visits to two or three other alcoholism agencies, with opportunities to talk with clients and staff, as well as a presentation by the State program director. This session would be incomplete unless all volunteers attended one or more open A.A. meetings in the course of the week.

The fifth, the public's stake, provides a splendid opportunity to involve one or more interested legislators, the mayor, a well informed industrial figure from management or labor, and a spokesman for the highway safety aspects.

Every session should include small discussion groups of no more than 10 members each. A recorder, chosen by each group at the first meeting, summarizes the major points to provide the coordinator with some of the content for the final session and as a basis for planning future programs.

The final session is a wide-open discussion led by the coordinator, with support from at least one staff member and one client. It emphasizes the role of the volunteer and serves as a review of the previous sessions.

Teaching methods include also textbooks and other reading material and such specific informational pieces as a directory of alcoholism services, the agency's annual report, the State alcoholism plan, the State alcoholism law, and literature from NCA (14) and the Fellowships (11, 15). Two textbooks now available are *Alcohol and Health* and *Alcohol and Health: New Knowledge*, both special reports submitted to Congress in 1971 and 1974, respectively, by the Secretary of Health, Education, and Welfare (16). They are available from the National Clearinghouse on Alcohol Information (17), and should be required reading for all volunteers and for all staff members. A suggested reading list is contained in exhibit L, appendix I. Also see exhibit K for examples of mimeographed material other agencies have distributed to their volunteers.

A comforting thought, which does not, however, relieve the coordinator of responsibility to offer the best possible educational program, is that no matter what is taught or how it is taught, students will learn subjectively, depending on their interest in the subject and the subject's importance to them personally. One more comforting thought is that most people working in the alcoholism field have learned their most useful lessons from the alcoholic people with whom they work, and so will volunteers, however well educated in advance.

Followup

No matter how much they have learned, no matter how carefully the coordinator has prepared them in advance, most volunteers experience some confusion, some frustration, and some feelings of inadequacy the first week they are on their jobs. It is advisable

for the coordinator to schedule daily 1-hour sessions during the second week of service. This will give volunteers who are working that day a chance to raise problems and ask questions, to learn that other volunteers are having similar reactions, and to receive gratefully the reassurance the coordinator can offer them. These may be the most dynamic sessions of the whole program.

If possible, it is a good idea to assign a new volunteer to work in tandem with an experienced volunteer or a staff member for a few weeks. Such association contributes enormously to feelings of security.

The agency can and should provide a variety of continuing inservice education for volunteers. They can attend staff meetings, open A.A. meetings, schools of alcohol studies, A.A. and NCA annual meetings, and educational programs offered by other alcoholism agencies. The agency's library should be open to them so that they will have access to the *Journal of Studies on Alcohol* (18), *The A.A. Grapevine* (19), and other pertinent books and publications. They should be encouraged to join NCA or its local affiliate to keep informed.

Structured supervision, especially as practiced in the social work profession, is probably the single most effective medium of continuing education, one that carries it across the dividing-line into training. (Training will be discussed in depth in the following chapter.) The structure calls for periodic 1-hour conferences for which the supervisee submits an agenda in advance. It may include any subject about which he has questions or a particular client about whom he needs consultation. The supervisor essentially provides a role model to the other, relating to him as he is learning to relate to clients—lovingly and nonjudgmentally, but with direct and honest confrontation when appropriate.

Few alcoholism agencies, unfortunately, have the capability of offering such a system of supervision for their own staffs, much less for volunteers. Where the capability exists, it should be utilized.

Chapter 8 TRAINING VOLUNTEER COUNSELORS

This chapter discusses a specialized group of volunteers—those who act as counselors. Although the same considerations found in chapters 1 through 7 apply to the volunteer counselor, the sensitive and specialized nature of the counseling function dictates that additional screening, training, and supervisory support should be given this group of volunteer workers. This chapter will be devoted primarily to the specific training needed by volunteer counselors, but some attention will also be given to preparing for and selecting this group.

Nine steps, at minimum, are essential to develop a relevant and economical volunteer counselor program. The volunteer coordinator must:

1. Gain the support and input of the full-time counseling staff in the planning stages of the volunteer counselor project;
2. Determine the functions of volunteer counselors in the program, using input from full-time staff and program plans as guidelines;
3. Determine criteria by which volunteer counselors will be selected;
4. Recruit volunteer counselors from the general volunteers who are already working in the agency and from the pool of mental health workers who live in the community;
5. Designate one person to be the key trainer of volunteer counselors;
6. Identify the skills and knowledge which volunteer counselors will need to perform the functions designated in step 2;
7. Conduct interviews with each potential volunteer counselor to negotiate a contract and identify skill areas in which training is needed;
8. Design a series of learning experiences, not necessarily within the agency, to transmit these skill and knowledge areas to volunteer counselors; and,
9. Assign volunteer counselors to specific areas of responsibility, with evaluation criteria clearly defined and understood by all parties involved in the volunteer contract. (See exhibit P in appendix I.)

Step 1: The purpose of a volunteer counselor program is to supplement the work of the full-time staff in such a way as to enable the program to offer richer and more varied services. The request for volunteer counselors may come from the counseling staff in recognition of a need to expand or enrich services. No matter where the idea originates, however, all staff members must understand and contribute to the program.

The paid counseling staff should play an especially active role in the planning, recruitment, and training of volunteer counselors because they can provide the expertise and "grass roots" knowledge that will enable volunteers to become effective helpers within the structure of the program and the community.

Within a busy agency, already overworked staff may feel that the time and effort involved in the training and support of volunteer counselors is not worth the seemingly distant rewards. One way to reduce this resistance is for the agency director, the volunteer coordinator, and the counseling staff to develop short-term objectives for the program. For example, "Within 6 weeks after volunteer counselors complete training, the number of home visits made by members of the full-time counseling staff will be reduced by 15 percent." Results such as this will demonstrate the immediate value of the program, and, with continuing involvement, perhaps the full-time counselors will better understand the need for long-term planning and the role which the volunteer counselors can play in the growth of the agency.

Step 2: Once the decision to integrate volunteer counselors into the treatment pro-

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gram has been made, and the support and assistance of the paid counseling staff has been elicited, the next step is for the staff to decide precisely which counseling functions volunteers will serve. The best way to start this task is to assist current staff to list their total job responsibilities and identify those with which volunteer counselors can assist, partially or completely (See exhibit Q in appendix 1).

If a new counseling service is to be undertaken as a result of volunteer assistance, a paid staff member may take on the new area of responsibility while a carefully supervised volunteer replaces him or her in some other aspect of service. This way, the volunteer will have the benefit of direct guidance from someone who really understands the task.

With proper training and support, a carefully recruited volunteer can be as effective in the helping role as any paid counselor. Because of their community orientation, volunteer counselors bring to their tasks the "real world" perspective so vital to a program's ability to serve clients effectively, and an almost unique capacity to relate to their clients as peers. In this regard, volunteer counselors may be especially helpful to clients who are goal-oriented and self-directed but who need support and reinforcement to achieve their goals. Many relatives of alcoholic people fall into this category, as do alcoholic people themselves once a commitment has been made to enter treatment.

Volunteer counselors also make exceptionally effective outreach workers and case finders. Since they are active members of the community served by the alcoholism agency, they are in an excellent position to overcome the resistance that some community members may feel to an "outsider." To this end, volunteers may be assigned to make weekly or twice weekly visits to the local detox unit, State hospital, prison or jail, social service agency, probation office, or vocational rehabilitation office.

Such volunteers may also act as "free floaters" in local neighborhoods. House calls, attendance at neighborhood meetings, accompanying the policeman on the beat, or manning booths at fairs and carnivals are just a few of the effective case finding activities that volunteers come well equipped to perform. While such functions may be performed by general service volunteers, those volunteers with training in counseling can provide a real continuity of care for new clients, since they can follow the initial contact with counseling services within the agency.

Volunteer counselors who are scheduled to work on a regular basis within an alcoholism agency make excellent first contacts for new clients. Volunteers may greet new clients as they arrive, make them comfortable, orient them to the agency, and conduct the initial interview, or intake. This assignment benefits both volunteer and client. For the volunteer it can open the door to a rich source of inservice training. After each intake is completed, the volunteer and a paid counselor will make a case disposition together, thereby giving the volunteer an opportunity to participate in the development of a treatment plan. At the same time, the new client has received the bonus of the undivided and supportive attention of a concerned member of his or her community, something that may make transition into treatment smoother and more comfortable.

Equipped with a carefully designed and highly specific treatment plan (See exhibit N) a volunteer can offer regular counseling on an individual basis to clients of the agency. However, *no volunteer should be expected to assume full responsibility for the management of a client's treatment plan,* as this could interrupt the continuity of the client's care. For instance, if a volunteer has a standing weekly appointment with a client, a paid staff member must review the volunteer's progress notes after each interview and meet with the volunteer at least once a month to discuss the client's progress. Thus, if the client needs crisis care of any kind when the volunteer is not on duty, a member of the full-time staff is able to provide the necessary services.

Volunteer counselors may also provide leadership to a counseling group, preferably with a full-time counselor as co-leader. Many alcoholism treatment agencies have found that co-leadership in counseling groups pro-

vides distinct advantages in modeling behavior and processing group interaction. With volunteer co-leaders, a program can benefit from co-leadership in counseling groups without tying up two members of the paid staff in the same group.

Volunteers can be the backbone of a telephone crisis intervention service. "Hot lines" are one of the most prevalent examples of mental health volunteer efforts today, and there is no reason why alcoholism agencies can't tap in on this valuable service. Training such workers may be a simple matter of enrolling them in the local teenage hot line training course after they have completed general service volunteer training.

Step 3: "What kind of person do I look for in a volunteer counselor?" The answer to this question may vary from agency to agency, but the problem is really not a new one. In a field where professionals without degrees provide most of the counseling care received by alcoholic people in treatment agencies, many program directors have been faced with the task of helping staff members with no previous counseling experience to become effective helpers. Therefore, the first thing to be done in developing criteria for volunteer counselors is to look at the criteria for full-time paid counseling staff.

Certainly the ideas set forth in chapter 6 will apply to volunteer counselors. In addition, the volunteer coordinator might find it helpful to take a look at one way of evaluating potential counselor effectiveness.

In *Beyond Counseling and Therapy,* Carkhuff and Berenson (20) have listed and defined nine traits that distinguish a "high functioning" helper from others. They are:

1. Empathy—the ability to perceive what another person is feeling and experiencing and to communicate that perception.
2. Respect—a deep appreciation of the dignity and worth of another human being (this is especially important in working with alcoholic people).
3. Genuineness—the ability to be freely and deeply oneself.
4. Concreteness—the maintenance of specificity and relevancy in communication.
5. Confrontation—the capacity to determine and point out discrepancies between what the other is saying and what he is experiencing, or between what he is saying and what his actions imply.
6. Self-disclosure—the willingness and ability to reveal personal feelings, attitudes, and experiences *for the benefit of the client.*
7. Immediacy—the readiness to deal with the feelings between counselor and client in the here and now of the counseling situation.
8. Potency—charisma, dynamic force, magnetic quality.
9. Self-actualization—providing a role model of someone living life fully and successfully, for the client.

Sidney Wolf, Ph.D., summarizes these characteristics as follows: "In composite, the effective counselor is an individual who can be supportive, caring, understanding and sensitive to his clients, but is also action-oriented, confronting, limit setting, and will fight the client for the client's own stability and health" (21).

Carkhuff and Berenson have concluded that, if the helper possesses these traits, the system under which he does his therapeutic work does not matter. In other words, the important thing is the person involved, not the modality or methods used. For information on measurement of these nine variables, see Carkhuff and Berenson (20), Small (22), and Sydnor et al. (23).

Step 4: Once the characteristics desired in a volunteer counselor have been determined, the task is to find such people. First of all, the volunteer coordinator will want to observe potential volunteers prior to selection and investment of training and supervisory effort. For this reason, it is recommended that all volunteers do general volunteer work in the agency for a predetermined period (2 to 4 months). During this period, the coordinator will have a chance to identify people who consistently demonstrate the desired characteristics. This "trial period" prior to counselor training will also give the agency time to implement the general vounteer training discussed in chapter 7. Such a trial period

should be a part of any contract between an agency and volunteers who wish to assume a counseling function.

One group may be an exception to this procedure. In many communities, there are groups of trained mental health workers who, for one reason or another, are not working in paid positions. They may be retired people or mothers of young children. Whatever their reason for not being in structured job situations, they can be a rich source of volunteer services to a treatment program, especially if they have expertise and experience in working with alcohol problems.

Mental health workers known to the program director and the volunteer coordinator or professional organizations within the community may provide information on how to locate such volunteers. Depending on the criteria which have been developed for volunteer counselors, these people may be immediately qualified to assume a counseling function in the treatment program, with only the general volunteer educational program to orient them to the specific agency. Such volunteers may also be able and willing to assist the volunteer coordinator in training volunteer counselors who have been recruited in other ways.

Step 5: Now the program must face the issue of training, and who does it. Of course, the volunteer coordinator is responsible for the training of all volunteers, and volunteer counselors are no exception. But in this instance, the title of coordinator may be especially applicable, because the volunteer coordinator may not possess the skills needed by volunteer counselors. It is the coordinator's responsibility to locate and structure the training efforts of people who do have such skills. In addition to the volunteer coordinator, a member of the paid counseling staff should also be involved in the planning process, and, if possible, act as the key trainer.

If no one on the staff is qualified or able to assume this role, it may be advisable to look for a qualified counselor in another agency. He should be someone who has and can transmit the qualities required by your agency for counselors; someone who has had experience in working with alcoholic and other troubled people and can communicate the skills which volunteer counselors will need; and someone who is familiar with the philosophy of treatment which has been developed in the agency. People with these characteristics may be:

1. mental health teachers and counselors in local high schools and colleges
2. staff of local social service agencies (public or private) who have worked closely with the alcoholism program staff
3. clergymen who have made referrals to the treatment program and have had training in counseling
4. staff of the local community mental health center
6. retired or unemployed mental health workers
7. consultants on training design and delivery for mental health workers
8. State alcoholism agency staff
9. local Council on Alcoholism staff

Step 6: The question of which skills and knowledge are needed by volunteer counselors will probably be answered differently in every agency, because each program has, through experience and growth, developed its own approach to the treatment and support of alcoholic people and their families. However, there are some constants that will apply to the training of any person who is to be an effective helper within a structured setting.

First, the volunteer counselor must be able to recognize the traits of an effective helper, evaluate the strength and weakness of these traits within himself, and utilize these traits within a counseling setting. Given the structure provided by Carkhuff and Berenson, the volunteer coordinator and program director will be able to develop a list of such characteristics that are congruent with the treatment approach used in the agency.

Second, the volunteer counselor must be able to distinguish the appropriate resources to be utilized by the client during the recovery process. He has already learned about these resources during the general volunteer education, but now he needs to know how to use them for the benefit of clients. This includes both internal and external resources

that will combine to form the network of support needed by the program's clients. Volunteers must also be able to identify the needs of clients and to match those needs with the resources available.

Third, and last, the volunteer counselor must know the elements of a treatment contract between a client and a counselor. This involves the participation of clients in planning their own treatment, the areas of responsibility of counselor and client, schedules, fees, and measurements of success of the contract. Armed with this knowledge, the volunteer counselor must be able to develop such a contract with a client.

Of course, the volunteer coordinator will want to add additional content to the training program. This content will depend on the needs and structure of the agency in which the volunteer counselor will be functioning and the tasks he or she will be performing. For example, it may be necessary to provide training in specific outreach techniques, or counseling models, such as transactional analysis. And, if the volunteers are expected to work closely with full-time counseling staff, the volunteer coordinator will want to provide several joint training experiences aimed at "team building" so that the group can work together efficiently, openly, and comfortably.

Step 7: Once it has been determined just what it is volunteer counselors must know and be able to do, the next step is to determine to what extent they already possess these skills. After choosing a group of general service volunteers for training as counselors, the volunteer coordinator should arrange for an interview with each one. The purpose of the interview is twofold. First, the contract between the volunteer and the agency (see exhibit G) will need to be revised in light of the new function that the volunteer will be performing, and the volunteer must agree to participate in additional training experiences. At this time, the coordinator may wish to determine the specific tasks of each volunteer counselor, but it is usually wise to wait until after the training is completed to assign specific responsibilities. The delay will give the coordinator and the volunteer time to identify areas where the counselor is most effective and comfortable, important information in assigning tasks.

The other function of the interview is to examine the background and skills of the volunteer counselor. This will enable the coordinator to plan more knowledgeably for the training program and might identify valuable resources for that program. For instance, a woman who used to work in a Community Action Program may not have the counseling skills she will need in the agency, but she could be of assistance in planning a learning session on outreach techniques.

Step 8: After all of the interviews have been completed, the coordinator should have a specific and logical outline of content for a training program for volunteer counselors within the agency. This list will be based on the needs of both the agency and the newly recruited volunteer counselors. The next task, then, is to determine methods to be used in training the group.

Depending on the inservice training resources available to the agency and the number of people to be trained, the coordinator may wish to start by examining the training opportunities available outside the agency. If the agency budget will permit expenditures for volunteer training, the program may be able to save substantial time and effort by sending volunteers away for the training they need. If the coordinator is not aware of the skill training resources available, she may start her search by contacting the local mental health agency. The staff there should be able to provide a list of training experiences for all levels and orientations of counselors. In return for the training provided by the outside agency, volunteer counselors should agree to work for a certain period of time in that agency. Use of an outside agency may be a cost effective way to supply trained volunteers to the program, even though the coordinator must still do a certain amount of training within the agency in areas that are unique to the program and its philosophy.

There are a variety of sophisticated methodologies for training helping people which can be made available through the services of a person who is experienced in training

design and delivery. The manner in which the skills are transmitted will depend on the preferences and backgrounds of the trainers, and the resources and facilities available. Following is only one suggested way of transmitting skills. It calls for a minimum of training experience on the part of the trainer, but it also calls for a high level of counseling expertise, good verbal skills, and approximately 70 hours of staff time.

The trainer should begin by determining which skill will be transmitted first, for instance, the formulation of a treatment contract with a client. Then, volunteer counselors should be given the information necessary to implement the skill. In this case, a definition of a treatment contract, the elements of such a contract which are used in the agency, the roles of the counselor and the client, and ways of evaluating contract effectiveness, are some of the knowledge areas involved. This information may be transmitted by lecture, reading assignments, or role play demonstrations. Volunteer counselors should also be shown any forms that may be used during the process.

Next, volunteer counselors should be allowed to observe an experienced counselor (the key trainer, if possible) apply the pertinent skills by watching and processing as the counselor puts them into practice in a counseling session. If videotape equipment is available, it may be put to good use here. If not, two-way mirrors will allow observation of a counseling session by a large group of observers. If neither of these methods is available, volunteer counselors may observe a counseling session first-hand with few problems if several basic rules are followed.

First of all, the trainer should remember that clients will be uncomfortable with such a procedure if the counselor is. Therefore, the counselor should feel relaxed and open and convey these feelings unmistakably. The client and the other volunteer should always be introduced to one another. ("Ms. Jones, I'd like you to meet Ms. Smith. Ms. Smith is a new member of our staff and will be joining us for our session today if it's OK with you.") Most of the desired learning outcomes can be demonstrated in initial interviews, and if a volunteer is observing a client's time in the agency from the very beginning, having an observer in the session will become familiar to the client.

For simple observation of a counseling interview, the observer should sit where he or she can see as much of both counselor and client as possible, but not in the direct line of vision of either. The observer should agree not to say anything during the session unless directly addressed. If the client does address the observer, he or she should respond appropriately, but in such a way as to return the conversation to the counselor. Under no circumstances should the observer take notes during the interview; however, if counselors regularly use tape recordings, a tape would be helpful during processing. Of course, if a tape is to be made, the client should know and give consent.

As soon as possible after the interview, the counselor and the volunteer should process the interview. The process session should focus on the particular skill being taught. For instance, questions asked in a process session which follows the formulation of a treatment contract might include "What were the terms of the contract that was developed?" "How did the counselor elicit client input into the contract?" "How did the counselor deal with client resistance to the contract?" "If a difference of opinion arose about an element of the contract, what was the negotiation process which the counselor and the client utilized?" Time should also be allowed for the volunteers to ask questions of the counselor.

Once volunteer counselors have observed and processed one or more counseling sessions, it is time to have them put these skills into practice in a role play setting. Descriptions of the client should be drawn up beforehand (See exhibit O) and the first role play should be preceded by a planning session in which volunteer counselors and the trainer collaborate on how best to approach the client and his problem, utilizing the pertinent skills. The client role may be played by a trainer, a trainee, or someone else. After each role play is completed, it should be processed in the same manner as the observed counseling sessions.

Volunteer counselors in training will progress at different rates. However, after 4 to 8 hours of role playing, the volunteers will probably be ready to put their skills into practice in an actual counseling setting. Perhaps the first client for a volunteer should be a client whom the volunteer has observed, but to assure continuity of care for the program's clients, it is usually best to assign a new client to the volunteer—a client whom the staff feels will benefit from contact with this particular volunteer. The vounteer should be willing to have an audio- or videotape recording made of the session, with the client's permission, of course. The trainer should not be present during the interview. The volunteer must feel that he or she is trusted and competent to perform the task and should have the support and confidence of the trainer. The tape of the session should be processed after the interview, with the volunteer counselor and his peers making most of the observations and input. The volunteer should by now be able to critique a counseling session in a knowledgeable way. The trainer's function here is to provide support and feedback as requested and needed by the trainees.

For those volunteer counselors for whom training in group work will be helpful, the process cited above can be followed up by arranging to have the counselor act as a participant-observer in a counseling group. This would mean that the volunteer does not have leadership responsibility in the group, but is a member of it. It also means that the volunteer should be present at any planning or processing meetings which occur around the group's interaction, and that his or her input will be solicited and valued at that time.

Once the volunteer has played a participant-observer role in a group for a predetermined period of time, he or she may be assigned as co-leader in a group where a more experienced counselor shares leadership responsibility. It is recommended that a volunteer's co-leader be a full-time member of the paid counseling staff who can assume primary case responsibility for the clients in the group, thereby insuring continuity of care.

An interesting feature of this type of training plan is that the cost can be largely controlled by the resources of the agency, the number of people who are trained, and the amount of training to be done. Obviously, the largest cost is that of staff time. If groups of 6 to 8 are trained, the actual training time will probably range from 40 to 60 hours, and planning will take about 20 hours.

Other expenditures are far more variable. If the agency can afford it, purchase of equipment, such as videocamera, tapedeck and monitor, or two-way mirrors, can be justified by its use in a variety of ways in addition to training. If funds are not available for purchase, the equipment may be borrowed from other agencies or institutions. If no such equipment is available, the agency will need to purchase at least two cassette tape recorders and sufficient tapes. Readings and handouts may be reproduced by mimeograph or, if necessary, the copier at the local library. Space for training sessions may also vary from a meeting room within the agency to a training laboratory at the local university.

Step 9: Once the volunteer counselors have completed their training and are ready to function in assigned areas of responsibility, the volunteer coordinator and the volunteers must determine together the criteria by which volunteer performance will be evaluated. This evaluation should tie in directly with the program's predetermined evaluation system for full-time counseling staff. How is counselor performance measured: By the number of clients seen? By the number of clients who stay in treatment for a certain period of time; are discharged as improved; join A.A.? What record-keeping requirements are made of full-time counselors? Are there predetermined treatment outcomes for each client; for each interview? How is achievement of these outcomes measured and recorded?

Where applicable, the evaluation criteria for full-time counselors should be the criteria for volunteer counselors. It is important, however, that these criteria be spelled out and agreed upon by both the volunteer coordinator and the volunteers. At the same time, volunteer counselors should be able to propose criteria by which they will evaluate the quality of volunteer experience within the agency.

Such criteria may include the range of experience available, the amount and reliability of consultative support and supervision, and the amount of input they are given into their own activities in the agency.

With a clearly defined contract, relevant training, and regular supervision, volunteer counselors can provide an alcoholism program and its clients with sensitive and competent services.

Chapter 9 A FEW POSTSCRIPTS

Some, perhaps many, readers of this manual are going to ask, "Must I go through all that to involve volunteers in service to my alcoholic clients?" The answer is, "No. Pick and choose from the suggestions in the manal and apply those that feel *right* to you, those that are *right* for your agency and your community."

At least one agency, the South Shore (Massachusetts) Council on Alcoholism (see exhibit I in appendix I) offers its educational program every 6 months, but accepts and assigns volunteers between programs. Like many others, this Council, initiated by a volunteer, has expanded dramatically and still depends on volunteers for 90 percent of its services. It provides convincing evidence that alternative approaches to volunteer programs can be valid.

The Frederick County (Maryland) Health Department Alcoholism Program started with one professional coordinator, and although its growth over the past 6 years has resulted almost entirely from volunteer involvement, it has never offered a structured educational program for its volunteers.

The Frederick County Alcoholism Program has recruited VISTA Volunteers, social work students, seminarians, and a few self-selected community volunteers. In the initial interview with each, certain requirements are specified: Each must join the Frederick County Council on Alcoholism; each must attend the general level session of the State's annual Institute on Alcohol Studies; each must maintain professional standards of responsibility in terms of being on time, keeping appointments, attending staff meetings, recording, and so on.

Once accepted, each volunteer is assigned to a staff member (who probably started as a volunteer himself) as an apprentice. The agency believes that the volunteer's learning must be an ongoing process and that the agency's responsibility is to provide a climate of acceptance, support, sharing, trust, open communication, and high expectation. In the agency's experience, volunteers in the kind of setting described above can learn to work effectively with both alcoholic clients and community. In most cases, the few who cannot learn drop out because they can't accept the standards of performance expected of them.

The Frederick County alcoholism program is an example of successful volunteer involvement with an almost total absence of structure.

Keeping Volunteers Happy

Prominent among the differences between volunteers and staff is that the latter get paid for their work and get periodic pay raises and promotions as time on the job lengthens and performance matures. The volunteers probably get as much satisfaction from their work as staff, but their need for recognition and approbation by the agency must be met in different ways.

Certainly the creative coordinator, who respects and values volunteers, will think of many methods of thanking and honoring them. The following are a few time-tested methods:

1. Give a certificate to every volunteer who completes the educational program.
2. Provide every volunteer with a name tag —one color for those on probation, another color for those who have qualified for permanent status.
3. Hold periodic coffee hours, teas, or parties of some sort for all volunteers, at which some respected speaker commends their service and, perhaps, broadens their horizons.

   Such a gathering can be planned for a time when a V.I.P. will be on hand: someone from Washington or the State capital making a site visit; a well-known speaker in town for the annual meeting of the local

Council on Alcoholism; a visitor from out-of-State who has come to find out what the agency is doing.

4. Plan an annual affair to honor volunteers and distribute awards for outstanding service, as determined either by number of hours or by quality. The awards may be certificates, plaques, or scholarships to the State's Institute on Alcohol Studies.

   Such an affair can best be planned by a committee of volunteers, but should be attended by both staff and clients of the agency, and should be thoroughly publicized in daily and weekly newspapers, on radio and TV. Not only should all volunteers (and their spouses) be invited, but also the officers of all organizations providing service or material contributions.

It is almost certainly true that volunteers do not work for "credit," but giving credit where credit is due is the least any agency can do to repay them for their contributions.

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Appendix I EXHIBITS

EXHIBIT A

Suggested Job Description for Volunteer Coordinator

The volunteer coordinator shall be responsible to the agency director for developing, directing, and coordinating all phases of the volunteer service program:

1. Providing liaison on all matters relating to volunteers between the agency and the community, the agency and the State program director, the agency and other alcoholism services, the agency and the volunteer;

2. Orienting clients, staff, and board to the volunteer program;

3. Determining from clients, staff, and board the agency's need for volunteers in terms of service and contributions and the number of service volunteers it has the physical capacity to absorb;

4. Preparing the structure for the volunteer program; application forms, time records, evaluation forms, interview guides, contracts, etc.;

5. Maintaining records and files of volunteer program;

6. Preparing materials for and directing the operation of recruitment campaign: mailings, speakers for organizations, publicity, interviews, selection, etc.;

7. With committee assistance, planning, scheduling, and implementing educational and training programs for volunteers;

8. Assigning volunteers and arranging for supervision;

9. Evaluating service volunteers, both individuals and groups, and revising assignments as indicated;

10. Submitting reports as needed on volunteer program;

11. Planning and implementing systematic steps for the development of leadership capabilities among volunteers including a variety of task assignments and support and encouragement to assume increasing responsibility.

EXHIBIT B

Suggested Application Form for Volunteers*

Name _____ Occupation _____

Address _____ Zip _____ Phone _____

Name of spouse _____ Spouse's occupation _____

_____

Place and date of birth _____

Number of children _____ Ages _____

Schools attended _____

Degrees, certificates, etc. and when obtained _____

_____

If college, what was your major? _____

Experience as a paid employee _____

_____

Experience as a volunteer _____

_____

What training, if any, have you had related to the field of alcoholism?

_____

_____

_____

What special interests, skills, hobbies, etc.? _____

_____

How many hours can you serve weekly, and what hours do you prefer, on what days of the week? _____

_____

(continued, next page)

*Adapted from the application form of the Mental Health Association of Montgomery County, Maryland, with the permission of the Agency.

EXHIBIT B - CONTINUED

How flexible is your schedule? _____

Do you have your own transportation? _____

Would you be willing to provide transportation to clients and their families? _____

How did you learn about this program (if through newspaper, please specify) _____

What attracts you to this program? _____

_____

How do you feel about:

a. working in an alcoholism agency? _____

_____

b. working with alcoholic people? _____

_____

Which community group affiliations have been important for you? Please specify.

Church _____

PTA _____

Service groups _____

Professional groups _____

Youth organizations _____

Numbers to contact in an emergency:

Spouse's business telephone: _____

Individual other than spouse:

Name _____ Phone _____

Address _____ Zip _____

Relationship _____

EXHIBIT C

Suggested Guide to Interview with Applying Volunteer

1. Thank you for filling out and returning the application form, and for interest in volunteering.
2. What kind of service would you like to contribute? Would you accept a different kind of assignment?
3. Do you prefer working with men or women clients? With individuals or groups?
4. What, if any, has been your experience with alcoholism in yourself? In your family?
5. If alcoholic, how many years of stable sobriety? Was recovery achieved through A.A., with professional help, or both? Still in treatment?
6. Can you commit yourself to a regular schedule of service with confidence? What possible interruptions to service? (Lack of transportation? Child's illness? Etc.)
7. Are you aware of the agency's requirements of volunteers? Educational program, probationary period, supervision, evaluation? Are they acceptable to you?
8. Do you have any reservations about volunteering? If so, what are they? What positive reasons overcame reservations?

Suggested Record of Interview
(to be attached to application)

1. Name of applicant _____
2. Name of interviewer _____
3. Date of interview _____
4. Applicant communicates well _____ poorly _____ warmly _____

   comfortably _____ suspiciously _____ humorously _____
5. Applicant relates positively _____ negatively _____

   immediately _____ gradually _____ not at all _____
6. Recommend acceptance of applicant _____
7. Recommend rejection of applicant _____
   List reasons
8. Suggested assignment:
9. Time available, hours, and day of week:
10. Special comments:

EXHIBIT D

Sample Volunteer Job Descriptions

Volunteer Escort: On assignment by the coordinator, volunteer will accompany client(s) to other agency, such as hospital emergency room, chest clinic, welfare office, etc. Volunteer's role is as companion and, if necessary, advocate representing the agency. Volunteer will take responsibility for client's achieving the purpose of the visit, will accompany client back to the agency, and will report to coordinator on the results.

Volunteer Assistant to Coordinator: As assigned by coordinator, volunteer will take responsibility for such functions as clipping newspaper for agency publicity and pasting in scrapbook; screening newspapers for news of voluntary organizations and adding to card file; making up next week's volunteer schedule; answering coordinator's telephone; typing form thank-you notes for contributions recently received; etc.

EXHIBIT E

Post-probation Volunteer Interview Guide*

Date: _____

Name of volunteer: _____

Date of beginning of probationary period: _____

	Please check appropriate column:				
	Very poor	Poor	Fair	Good	Very good
Reliability	___	___	___	___	___
Sticking to the "rules" as set up by agency	___	___	___	___	___
Cooperation with other volunteers	___	___	___	___	___
Ability to understand rather than judge individual situations	___	___	___	___	___
Understanding of the role of volunteer	___	___	___	___	___
Communication skills	___	___	___	___	___
Ability to accept criticism	___	___	___	___	___
Knowledge of agency and its clients	___	___	___	___	___
Ability to function as a team member with clients and staff	___	___	___	___	___
Job satisfaction	___	___	___	___	___
Communication of volunteer needs to coordinator	___	___	___	___	___
Ability to relate to clients	___	___	___	___	___

(continued, next page)

*The interviewer should check in advance with clients and staff familiar with the volunteer's performance. The Montgomery County Mental Health Association, from whose material the above form is adapted, sends the checklist to the volunteer for his self-evaluation. Comparison of the volunteer's self-evaluation with staff evaluation should provide the basis for a constructive interview.

EXHIBIT E - CONTINUED

Summary of Interview
(to be attached to checklists)

It was agreed that:

_____ Volunteer will continue on assignment.

_____ Volunteer will change to new assignment.
Nature of new assignment, with time:

_____

_____

_____

_____ Volunteer will resign from volunteer service.

Reasons: _____

_____

_____

Special notes

_____
(signature of interviewer)

EXHIBIT F

Suggested Guides to Evaluation Interview With Volunteer

For the periodic (every 3, 4, or 6 months) evaluation interview with a volunteer, the same form suggested for the post-probation interview can be used (see exhibit E), and the same procedure followed, that is, having volunteer submit self-evaluation to compare with staff's evaluation with input from clients and staff.

The South Shore Council on Alcoholism in Massachusetts evaluates volunteers in unstructured interviews covering the following questions:

How does volunteer relate to the alcoholic client? To the client's family? To the agency? How does the volunteer handle crises?

What are the strengths and weaknesses of the volunteer? Special capabilities?

How responsible is the volunteer?

The agency advises that evaluation notes are filed with the time sheets of each volunteer.

EXHIBIT G

Suggested Model for Agency-Volunteer Contract*

Contract Date: _____

Between _____, and
Name of Agency

_____:
Name of Volunteer

The agency agrees to provide the volunteer with education and training to prepare him for his service, an assignment both useful and satisfying, acceptable working conditions, acceptance by both clients and staff as a member of the agency team.

The agency also agrees to provide a 2-month probationary period before granting permanent volunteer status, supervision, periodic evaluation, in-service education, and change of assignment as appropriate.

The agency will provide regular channels of communication for the volunteer and will welcome and respect his feedback, whether criticism or suggestions.

The volunteer agrees to carry out assignments to the best of his or her ability, following the agency's guidelines and respecting both clients and staff as members of the team.

The volunteer will use structured channels of communication exclusively to report problem situations, to request consultations or a change of assignment, to provide feedback and suggestions. He will strictly observe the time-frame of his assignment, reporting well in advance when he must be late or absent for an appointment.

The volunteer will respect the dignity of the client and the integrity of the agency by maintaining confidentiality of information received in the course of service.

(signed) _____
(Volunteer Coordinator)

(signed) _____
(Volunteer)

*Freely adapted from "Responsibilities and Rights in Volunteer Relationships" (24).

EXHIBIT H

Model for 3" x 5" Flier for General Distribution

Side 1

Help Wanted

Volunteers to serve alcoholic clients 3-6 hours weekly (education and supervision provided): counselors, clerical workers, escorts, teachers, etc.

Main Alcoholism Clinic
12 E. Main Street
Newark, Ark. 21905
Telephone: 407-2333

John Doe, Volunteer Coordinator

Call or write to offer your services

(over)

Side 2

Main Alcoholism Clinic

A United Fund agency serving alcoholic men, women, and families, daily 1-9 p.m., Saturdays 1-4 p.m.

No charge for information and referrals; fees for treatment and rehabilitation scaled to ability to pay.

Volunteers needed because of skyrocketing number of new admissions.

For general recruiting purposes, the National Clearinghouse for Alcohol Information has available a brochure titled How to Help: What You Can Do To Help Your Community Help Alcoholic People. It describes briefly why help is needed, how and where people can help, and some ideas to get started. For free copies write to: NCALI, Box 2345, Rockville, Maryland 20852.

EXHIBIT I

A Sampling of Educational Programs for Volunteers

1. The National Center for Voluntary Action suggests three steps for volunteer educational programs:

   First step: to acquaint the volunteer with the variety of assignments available;
   Second step: to introduce the volunteer to his rights and responsibilities as a volunteer;
   Third step: to orient the volunteer toward the clients with whom he will be working.

2. The South Shore Council on Alcoholism in Massachusetts presented the following 15-hour program:

   Monday: 9:30 a.m. - 9:15 p.m.
   "The Symptomatology of Alcoholism"
   Question - Answer period
   Tours of Detox Unit and VA Hospital
   Alcoholic Rehabilitation Unit
   "Help for Families of Problem Drinkers"
   Open discussion
   Tuesday: 9:30 a.m. - noon
   "Counseling Techniques"
   Question - Answer period

For office volunteers providing information and referrals by phone, the SSCA held four 2-hour sessions within 2 weeks, two sessions in the morning and two in the afternoon.

The first session introduced the Council, its history, program, and plans. The other three introduced all the other community agencies serving alcoholic people. Each agency representative provided information on a number of points: services offered alcoholic individuals and families, the nature of appropriate referrals, the name of the contact person for referrals, charges, area served, etc. Twice as much time was scheduled for open discussion than for presentations.

In-service education for volunteers included field trips to alcoholism facilities every 4-6 weeks, a variety of new pamphlets received by agencies, an occasional film, and attendance at alcoholism conferences held in the vicinity.

Every year the Council provides a scholarship to the New England School of Alcohol Studies to the volunteer with most hours of service.

EXHIBIT J

Suggested Models for Evaluation of Educational Programs

EVALUATION FORM FOR EDUCATIONAL PROGRAM*

1. What new information, skills, techniques or attitudes did you learn during this course?

2. What particular points made have had the most meaning for you? Without looking at your notes, list two or three points you particularly remember.

3. The class session which was most helpful to me was _____

   _____

   because _____

4. The class session which was most interesting to me was _____

   _____

   because _____

5. The class session which was to me least helpful was _____

   _____

   because _____

6. What subjects would you like to see expanded, contracted, omitted entirely, added to the basic sessions?

7. To what extent were your personal expectations fulfilled by the program?

8. Please give any comments, suggestions and/or criticisms.

(continued, next page)

*Adapted from the program evaluation form used by the Mental Health Association of Montgomery County, Maryland, with the permission of the Agency.

EXHIBIT J - CONTINUED

INDIVIDUAL TRAINING SESSION RATING*

Rate each aspect of training mentioned below in relation to the session as a whole, by checking the appropriate box.

AREA OF TRAINING	RATINGS OF TRAINING			
	Needs improvement	Satis-factory	Above average	Superior
Clarity of goals and objectives				
Are goals and objectives congruent with your needs?				
Did the session encourage your participation?				
Was the facilitator effective?				
Did you understand session?				
Effectiveness of handouts, if any.				
Effectiveness of method used: film, lecture, discussion, etc.				
Usefulness of session in helping you to solve problems back home.				
Did you enjoy the session?				
Was this session appropriate for the whole group in your opinion?				
The session as a whole.				

Please add here any comments you might have on the above items, on ways to improve the session, or about unforeseen benefits of the session.

_____

_____

_____

Session Leader: _____

Topic of Session: _____

Date: _____

*Developed by National Center for Alcohol Education

EXHIBIT K

Miscellaneous Material Distributed to Volunteers by Agencies

Guidelines for Volunteers*

1. Observe strict confidentiality: Discuss your clients only with those people in the agency who are directly involved.

2. Learn the most effective way of working with staff, as a team member.

3. In case of difference of opinion between you and staff, consult your supervisor or coordinator.

4. Keep away from value judgment with your clients. Meet the client where he is, not where you are or think he should be.

5. Keep your personal problems out of the client-volunteer relationship.

6. Do not give client your address or phone number.

7. Do not contact clients' families, mail letters or make phone calls for clients, or give clients anything -- without first checking with staff.

8. Avoid making promises you may be unable to keep.

Suggestions on Handling Calls**

ASK ENOUGH QUESTIONS TO GET THE FULL PICTURE, SUCH AS:

WHAT DO YOU NEED?...help for spouse, friend, etc., hospitalization, outpatient clinical help; information on agencies and/or alcoholism in general, etc.

WHAT IS YOUR NAME AND NUMBER?...Make note of this information only if person offers it...or ask for it if you think appropriate (for example when person may have to be contacted later).

WHERE ARE YOU CALLING FROM?...be as specific as possible, especially if person is calling for self.

WHAT IS CONDITION OF PERSON WITH PROBLEM?...drunk, sober, broke, sick, injured, depressed, tapering off, etc...Note: person calling may have the problem.

WHAT HAS BEEN DONE ABOUT THE PROBLEM?...hospitalization, outpatient clinic, A.A., Al-Anon, nothing, etc.

---

*Revised from guidelines developed by the Mental Health Association of Montgomery County, Maryland, with the agency's permission.

**South Shore Council on Alcoholism in Massachusetts.

EXHIBIT K - CONTINUED

Counseling Hints*

1. Know about alcohol.

2. Have good rapport with client.

3. Have a nonjudgmental attitude; be persistent, not easily discouraged. Be human; accepting but not a rescuer or persecutor. Allow crises to happen.

4. Do expect responsible efforts, but do not censure slips.

5. Be clear that striving for sobriety for some length of time is important.

6. Don't get hung up on debate about disease.

7. Let patients do most of talking in beginning. Later may need to stop them. Encourage calls before the fact.

8. Find out what stimulates periods of drinking and discuss with him. Don't rag it. Encourage calls before the fact.

9. Assets and disadvantages. Keep in mind.

10. Enlist help of significant others. Remember others may have reason to keep alcoholic dependent.

11. Educate about effect on body functions. Pithy comments may help.

12. Support and commendation when appropriate.

13. Bring up A.A. but don't force.

A good counselor has:

Knowledge of disorder
Respect for the client
Common sense
Patience and a little skepticism.

Adapted from a lecture by:
Robert D. Fink, M.D.
Director of Psychiatry
Alcohol & Drug Dependency Clinic
Tennessee Psychiatric Hospital & Institute

---

*South Shore Council on Alcoholism in Massachusetts.

EXHIBIT L

Literature Resource List

These organizations supply their literature lists and many of their publications free in limited quantities. Especially recommended material is noted by title.

1. A.A. General Service Board
   P.O. Box 459, Grand Central Station
   New York, New York 10017

   Alcoholics Anonymous (A.A.'s "Big Book")
   Twelve Steps and Twelve Traditions, an interpretive commentary on the A.A. program.
   "How A.A. Members Cooperate With Other Community Efforts to Help Alcoholics," a 23-page pamphlet

2. Al-Anon Family Group Headquarters
   P.O. Box 182, Madison Square Garden
   New York, New York 10010

3. National Council on Alcoholism
   2 Park Avenue
   New York, New York 10016

   Marty Mann Answers Your Questions About Drinking and Alcoholism, comprehensive information compiled by the founder and honorary president of NCA

4. National Clearinghouse for Alcohol Information
   P.O. Box 2345
   Rockville, Maryland 20852

   First Special Report to the U.S. Congress on Alcohol and Health
   Second Special Report on Alcohol and Health: New Knowledge

   Pamphlets:
   "Alcohol is a Family Affair"
   "Alcohol and Alcoholism: Problems, Programs and Progress"
   "Facts about Alcohol and Alcoholism"
   "The New Alcoholics: Teenagers"
   "Someone Close Drinks Too Much"
   "How to Help - What You Can Do To Help Your Community Help Alcoholic People"

EXHIBIT M

(The Center is indebted for the following clear position statement to Lib S., long-time A.A. member.)

Working with A.A.

Since Alcoholics Anonymous as a fellowship concentrates primarily on a person-to-person service without getting involved in any extraneous enterprises, it is well to understand the limitations on the services that are available from an A.A. group or member acting on behalf of A.A.

A.A. Traditions suggests that A.A. groups and members stick to their primary purpose of sharing their own firsthand knowledge of alcoholism and of their recovery through use of the suggested Twelve Steps of A.A.; that the A.A. name should not be lent to any related facility or outside enterprise; that A.A. as a fellowship should remain non-professional and not charge dues or fees for A.A. services; that A.A. should have no opinion on outside issues; and, that A.A. members ought not to reveal their A.A. membership at the public level of press, radio, and films.

However, groups and members acting on behalf of A.A. do cooperate with agencies concerned with the problems of alcoholism and alcohol abuse within the suggested guidelines of their Traditions. In such capacity they might provide any or all of the following services if invited by an agency to do so:

- sponsor alcoholics in treatment center, while they are patients there, and upon leaving the center;
- conduct A.A. meetings at the center;
- assist alcoholics at an agency to form their own A.A. group;
- provide A.A. literature for the agency;
- visit the agency, if asked, to encourage and talk with patients who are interested in learning about A.A.;
- provide information about where and when local A.A. groups meet;
- arrange, with permission of the agency director, to take guests to meetings in the area.

Recruiting A.A. Volunteers for Non-A.A. Alcoholism Programs

Because A.A. members are citizens of their community, they are free to serve as volunteers in agencies with non-A.A. programs, in any capacity at all, but they do so as concerned citizens--and not as representatives of A.A. If they engage in public speaking, fund raising, or legislative activities for such programs, they do so as volunteers of the agency and do not mention their A.A. membership.

Not all A.A. members understand this positive way for individual members to engage in "outside A.A." activities. Therefore, when approaching an A.A. group, service office, or committee to recruit A.A. members who might be interested in your program, make it clear that you are asking for cooperation in an area that is outside the scope of A.A. group activities but which might be of interest to some A.A.'s as individuals. Be frank about the qualities that you are looking for in volunteers, what the screening process will be and the policy and framework within which volunteers will work. Explain that you want A.A. members who have recovered sufficiently to be objective about other services, who would like to broaden the scope of their volunteer work, and who are willing to undergo a period of training and probation until accepted as full-fledged volunteers. In other words, you are looking for persons who are willing to accept discipline, who relate well to others, and who have non-judgmental attitudes as nonprofessionals.

You specifically do not want the A.A. member who is so new that he is still involved in his own recovery and has a mission to sober up the world. In this respect it might be wise to require volunteers to have at least 2 years of sobriety, a timespan suggested for certification of alcoholism counselors. Nor do you want the A.A. member, no matter how many years sober, who believes that A.A. is the only answer for an alcoholic and sees no value in any other guides to recovery, and who believes that only an alcoholic can help an alcoholic.

Discuss these requirements frankly and then ask how your A.A. contact can help you reach the type of volunteer you want to attract to your program. Since anonymity is the personal decision of each A.A. member, you will probably not be given a list of members' names and addresses. You, therefore, might want to leave some copies of your volunteer application form and volunteer job descriptions with the A.A. contact to pass along to those who seem to fit the description of the type of A.A. member you are seeking. Then, anyone interested can get in touch with you.

However, each A.A. group is autonomous in the way it conducts its services and many A.A. members would hesitate to make a unilateral decision. The contact might want to discuss the request with a steering committee or the gorup, for authority in A.A. rests with the "group conscience." On the other hand, if the group, office, or committee has had some experience in the community in dealing with agencies in the alcoholism field, the A.A. procedures for handling such a request may be set and you might get a speedy answer.

In any event, in approaching the A.A. contact in your community, whether it be an office or an individual at the number listed in your local telephone directory, you might emphasize that you want the persons responsible for A.A. services in the community to know about your program and what you offer to those A.A. members who fit your criteria and might like to volunteer. You might also point out that your program is not in competition with A.A. services, but offers an opportunity to citizens of the community, whether recovered alcoholics or not, to provide comfort and support to alcoholics in treatment and to help remove the stigma from alcoholism.

You might also find it helpful to read the A.A. Conference-approved pamphlet, "How A.A. Members Cooperate with Other Community Efforts to Help Alcoholics." It is based on the national experience of A.A. members who have been cooperating with various professionals and agencies concerned with the problems of alcoholism in ways that preserve the spirit and letter of the A.A. Twelve Traditions. It also lists other A.A. publications and guidelines that are available upon request from the General Service Office of A.A., P.O. Box 459, Grand Central Station, New York, New York 10017.

EXHIBIT N

TREATMENT CONTRACT

Client's name: _____

Counselor's name: _____

Treatment method(s):

_____ individual counseling

_____ group counseling

_____ family or martial counseling

_____ education

_____ A.A., Al-Anon, Alateen

_____ other (_____)

Client will participate in this activity _____ times per month with the following goal _____

_____

Fee: $_____per week or $_____per session.

no fee (reason: _____)

Special conditions to contract: _____

_____

_____

This contract will be reviewed on _____ by _____
(date) (client)

and_____.
(counselor)

Signatures:

_____
(client)

_____ _____
(date) (counselor)

EXHIBIT O

SAMPLE ROLE PLAY

Mrs. H. is a hostile, aggressive 55-year-old woman who is at the clinic because her 23-year-old son, who is supporting her, insisted that she get some treatment for her alcohol problem. She staunchly denies having such a problem, even though she has been fired from at least three jobs for drinking during working hours. She is angry with her son and hostile to the counselor. This is her third visit to the clinic. She has made it quite clear that the only reason she is coming is because her son has threatened to cut her off financially if she terminates treatment.

During this third clinic visit, the counselor wants to establish a treatment contract designed by the clinic staff during a case consultation. Mrs. H. will be asked to agree to attend six weekly sessions of the clinic's educational program. Her son will be asked to attend with her. After each session Mrs. H. will spend half an hour with the counselor discussing the content of the session and how that content applies to her situation.

EXHIBIT P

VOLUNTEER COUNSELOR CONTRACT

_____ will spend _____ hours per
(name of volunteer)

month in counseling duties at the _____ in the
(name of agency)

following setting(s):

_____ outreach (name of agency or area _____)

_____ crisis intervention

___ telephone

___ personal

_____ intake interviews

____ individual counseling

_____ group counseling (name of co-leader _____)

_____ other (_____)

_____ will be available to the volunteer
(name of supervisor)

for consultation and supervision as needed, and _____ meetings per

month will be held to provide interservice training on a regular basis.

This contract will be reviewed by the volunteer and supervisor on

_____.
(date)

Signatures

_____
(volunteer counselor)

_____
(supervisor)

_____. _____
(date) (volunteer coordinator)

EXHIBIT Q

Counselor Function Checklist

In which of the following areas can volunteer counselors be of assistance to our clients?

_____ case finding
  _____ in community
  _____ in other agencies and institutions

_____ telephone intake

_____ telephone crisis intervention

_____ home visits
  _____ regular
  _____ crisis intervention

_____intake interviews

_____ client evaluation and referral

_____ client education
  _____ individual
  _____ in groups

_____ individual counseling on a regular basis
  _____ with alcoholic people
  _____ with meaningful others or family members

_____ group counseling
  _____ heterogeneous groups
  _____ homogeneous groups
  _____ conjoint couples' groups
  _____ conjoint family groups

_____ family counseling
  _____couples
  _____total family

_____ client advocacy
  _____ with employers
  _____ with other agencies and institutions

_____ other _____

EXHIBIT R

Coordinator's Checklist for Volunteer Counselor Program

I. ✓ Staff agreement reached

A. The following staff will assist in the following way.

NAME	TASK
Joe Smith	*will conduct initial interviews with volunteer counselors*

B. The following objectives for the volunteer counselor program have been agreed upon by the staff:

1. *Within 60 days after training of volunteer counselors is completed, the number of home visits made by full-time staff will be reduced by 15%.*

2.

II. ✓ Volunteer counselor function determined

For the first year of the program, volunteer counselors will perform the following tasks:

1. *Home visits*

2. *Group co-leadership*

3.

III. ✓ Criteria for counselors determined

A. Following traits of a helper: *empathy, etc.*

B. Previous experience in this agency: *2-4 months as general service volunteer*

C. Available for following amount of time: *2 hours per week*

D. Other: *Can provide own transportation*

EXHIBIT R - CONTINUED

IV. ✓ Volunteers recruited

A. Names of general volunteers recruited to receive training as volunteer counselors:

Joe Doe

B. Names of mental health workers who will volunteer in counseling or training functions:

Jane Smith, Ph.D.

V. ✓ Key trainer identified

A. The following person will be the key trainer for volunteer counselors in our agency: *Joe Smith*

B. Key trainer meets the following criteria:

✓ meets volunteer counselor criteria
✓ has experience counseling alcoholic people
✓ is familiar with the agency
✓ can orally communicate ideas and concepts

VI. ✓ Skill areas for counselors identified

The following skills have been identified as relevant for volunteer counselors within our agency:

1. *treatment contract*
2. *qualities of a helper*
3. *client evaluation and referral*
4.
5.
6.

VII. ✓ Interviews conducted with all volunteer counselors who will receive training

The following volunteers need training in the following skill areas and agree to participate in such training and utilize those skills in this agency for _____.
(time)

SKILL AREAS

NAME	Contract	Evaluation	Helpers	Group	
Joe Doe	✓		✓	✓	

EXHIBIT R - CONTINUED

VIII. ✓ Learning experience designed

A. Learning outcomes of training will be:

1. *Volunteer counselors will be able to formulate a client treatment contract in a counseling setting.*

2.

B. Training will occur ✓ inside the agency
___ outside the agency at

_____.

C. Learning experiences will include:

1. *lecture*
2. *role play*
3. *observation*
4.

IX. ✓ Volunteers assigned to a task with a contract in which evaluation criteria have been determined.

A. The following evaluation criteria will be used to determine volunteer counselor effectiveness:

1. *dependability*
2. *50% of clients return for 3 visits*
3.

B. The following criteria will be used to evaluate the quality of volunteer experience within this agency:

1. *3 hours of supervision per month*
2.
3.

C. Volunteers have been assigned to the following tasks:

NAME	TASK
Joe Doe	*group co-leadership*

D. ✓ Copy of contracts with all Volunteer Counselors attached.

Appendix II CONSULTANTS AND REVIEW COMMITTEE

CONSULTANTS

Gloria Doran, National Center for Alcohol Education
John C. Gale, Addiction Coordinator, Frederick Co. (Md.) Health Dept.
Janet Kraft, Volunteer Director, South Shore (Mass.) Council on Alcoholism
Wendy Maters, R.N., Coordinator, University of Maryland Hospital Alcoholism Program
Ralph Paton, Executive Director, Fairfax County (Va.) Council on Alcoholism
Richard Rucchio, Director, Professional Services, Alcohol Safety Action Program, Fairfax County, Va.
Helga Roth, Director of Clearinghouse, National Center for Voluntary Action, Washington, D.C.
Edward J. Sands, Special Assistant to Director, Division of Prevention, National Institute on Alcohol Abuse and Alcoholism
Mary E. Symington, National Center for Alcohol Education
John W. Terwilliger, Washington Hospital Counseling Center, Washington, D.C.

and

Participants in Two NCAE Training Programs for Halfway House Directors

April 1974

James E. Beerling
Opportunity House
Aurora, Illinois

Frances Bell
Women's Recovery House of San Mateo County
San Mateo, California

Bobby Bridges
Fellowship House, Inc.
Anniston, Alabama

Charles M. Brissette, Jr.
Meridian House
Stamford, Connecticut

Hayden P. Burfitt
Pathfinder Homes Ltd.
Baltimore, Maryland

Warren A. Campanella
Steppingstone, Inc.
Fall River, Massachusetts

James E. Garren
Joliet Halfway House, Inc.
Joliet, Illinois

John H. Griffin
Caspar, Inc.
Cambridge, Massachusetts

Steven J. Kovach
Fairhaven of Broward County, Inc.
Fort Lauderdale, Florida

Lora D. Roe
Saint Anne's Home, Inc.
Birmingham, Alabama

George L. Schwab
The Residence
Chicago, Illinois

Herman Teitsma (Rev.)
The Jellema House, Inc.
Grand Rapids, Michigan

Richard Webb
Toledo Halfway House Residence, Inc.
Toledo, Ohio

William H. Young
Project Alert
Plainfield, New Jersey

June 1974

Robert C. Armour
Hour House
Charleston, Illinois

Nancy Belohlavek
Community Addictive Treatment Center
Topeka, Kansas

Joyce Dixon
New Casa de Amigas
Phoenix, Arizona

Jim Ellis
Discovery House
Denver, Colorado

Ignacio N. Flores
Plagge Memorial Center
Las Vegas, New Mexico

Gerald Guild
Talbot House, Inc.
Providence, Rhode Island

Frank L. Haston
Phoenix House, Inc.
Tuscaloosa, Alabama

Thomas A. Heaney
Newport Hospital
Newport, Rhode Island

Ronald E. Marsolais
Bridge House
Albuquerque, New Mexico

Patrick R. O'Neil
Resurrection House
New Britain, Connecticut

Captain MacArthur W. Payne
The Salvation Army Harbor Light
Washington, D.C.

Robert R. Ryan
Guenster Home, Inc.
Bridgeport, Connecticut

H. Lee Sample
Ryerson Center
Springfield, Illinois

Peggy M. Sargent
The Frederick Ozanam Center for Women
Concord, California

Doris Shank
Heart House
Saluda, North Carolina

Frank Staebell
S.W.A.C.A. Halfway House
Mobile, Alabama

Thomas W. Whalen
Vermilion County Council on Alcohol and Drug Abuse
Danville, Illinois

Joseph L. Wright
Crossroads — Vocational Rehabiliation Halfway House for Alcoholics
Washington, D.C.

Review Panel

Samuel B. Adams, Combined Alcohol Referral and Education Service, Idaho Falls, Idaho
William Baker, Assistant Director, Office of Volunteer Personnel, The American National Red Cross
Richard Bjurberg, Administrator, Volunteer Personnel and Community Volunteer Programs, The American National Red Cross
Mrs. William Davis, Volunteer, Community Volunteer Programs, The American National Red Cross
Joseph Dolan, Senior Program Manager, Operation THRESHOLD, The United States Jaycees, Tulsa, Oklahoma
Mrs. Margaret Duffy, Director, Office of Volunteer Personnel, The American National Red Cross
Ellen Ferris, D.S.W., Training Specialist, National Institute on Alcohol Abuse and Alcoholism
Frederick D. Harper, Ph.D., Resident Fellow, National Center for Alcohol Education
Horace Moore, Director, Program Operations, Youth Service Programs, The American National Red Cross
Helga Roth, Ph.D., Director of Clearinghouse, National Center for Voluntary Action, Washington, D.C.
Edward J. Sands, Special Assistant to Director, Division of Prevention, National Institute on Alcohol Abuse and Alcoholism
Mary E. Symington, National Center for Alcohol Education
Marian Wettrick, Director of Community Services, National Council on Alcoholism

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